

# Inspection Report

**10 and 13 September 2021**



## Fairhaven

**Type of service: Residential (RC)**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Fairhaven Residential Homes Ltd</p> <p><b>Responsible Individual :</b> Mr Kevin McKinney</p>	<p><b>Registered Manager:</b> Mrs Rhonda Spence – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Rhonda Spence – acting manager</p>	<p><b>Number of registered places:</b> 36</p> <p>Registration for 36 beds with no more than 10 places in Cat PH incorporating San Remo and Martinez Suites. Approved to provide care on a day basis only to 3 Persons.</p>
<p><b>Categories of care:</b> Residential Care (RC) PH – Physical disability other than sensory impairment LD – Learning disability. LD(E) – Learning disability – over 65 years MP – Mental disorder excluding learning disability or dementia.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 26</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This is a registered Residential Home which provides social care for up to 36 persons. The main building provides accommodation for up to 30 residents over three floors. There are two three bedded bungalows on the same site which can provide accommodation for up to six residents.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 10 September 2021 from 11.00 am to 3.50 pm by a care inspector and on 13 September 2021 from 9.25 am to 12.30 pm by a pharmacist inspector. The inspection assessed progress with all areas for improvement identified in the home 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.

New areas for improvement were made in relation to competency and capability assessments, updating of residents care plans and staff supervision and appraisal. One area for improvement relating to falls management was partially met and is stated for a second time.

Residents were happy to engage with the inspector and share their experiences of living and working in the home. They expressed positive opinions about the home and the care provided. Residents said that the staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Fairhaven was provided in a safe and compassionate manner and the home was well led by the management team.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection residents, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Rigby Close. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with three residents and five staff. No questionnaires were returned and we received no feedback from the staff online survey.

The residents spoke highly of the care delivered in the home and about their interactions with staff. They confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID-19 pandemic but all staff agreed that Fairhaven was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the residents.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> Second time	The registered person shall ensure that the regulation 29 monitoring visits are completed in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 21 (1) (b) Schedule 2 (5) <b>Stated:</b> First time	The registered person shall ensure details and documentary evidence of registration with an appropriate professional regulatory body is retained for all relevant staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (2) (b) (c) (d) <b>Stated:</b> First time	The registered person shall ensure a robust refurbishment plan is developed to address the deficits identified on inspection. This must be shared with RQIA.	<b>Met</b>
	All parts of the home must be kept clean and reasonably decorated. Internal repairs should be addressed in the identified bedrooms. Defective resident furniture and equipment should be fixed or replaced.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage of substances that are hazardous to health.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure an up to date risk assessment and fire management plan and in place and any recommendations are addressed in a timely manner.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure fire doors in the home are not wedged open. Where fire-resisting self-closing doors (including all bedroom doors) are required to remain open for operational or other reasons, automatic door retention/hold-open devices linked to the home's fire alarm and detection system should be provided to ensure that the door closes on activation of the alarm.</p> <p>The home should liaise with their fire safety adviser/risk assessor around the specific details which should be recorded in the fire risk assessment.</p> <p>Reference should be made to Health Technical Memorandum (HTM) 84, section 4.13 and to British Standard BS7273-4.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that personal medication records are accurately maintained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The personal medication records reviewed were accurately maintained. They were signed by two members of staff; this is good practice.</p>		
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the arrangements for recording the prescribing and administration of thickening agents are reviewed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The arrangements for recording the prescribing and administration of thickening agents had been reviewed. The management of thickening agents was reviewed for two residents. For each resident, a speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.</p>		

<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the temperature range of the medicine refrigerator is accurately monitored.</p> <p><b>Action taken as confirmed during the inspection:</b> The maximum, minimum and current temperatures of the medicine refrigerator had been appropriately monitored and recorded each day.</p>	<b>Met</b>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that medicine administration records are accurately maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> The sample of medicine administration records which were reviewed had been accurately maintained.</p>	<b>Met</b>
<p><b>Area for improvement 12</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust audit system which covers all aspects of medicines is implemented to ensure that safe systems are in place and any learning is actioned and shared with relevant staff.</p> <p><b>Action taken as confirmed during the inspection:</b> A robust audit system which covers all aspects of medicines had been implemented to ensure that safe systems were in place and any learning was actioned and shared with relevant staff. The manager performs a monthly audit; senior staff perform a range of weekly audits.</p>	<b>Met</b>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<b>Validation of compliance</b>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure residents are appropriately monitored following a fall and appropriate care plans are implemented to reflect the resident's current needs.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2.</p>	<b>Partially met</b>



<b>Area for improvement 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The registered person shall ensure the programme of activities is reviewed and developed following discussion with the residents. The activities schedule should accurately reflect planned activities. Arrangements for the provision of activities should be reviewed and daily progress notes should reflect activity provision.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met/partially met /not met (delete as required).  Detail may be needed if partially or not met is the outcome. Can refer the reader to other sections for the detail.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	The registered person shall ensure a robust system is in place to ensure compliance with best practice on infection prevention and control and management of the home environment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling and infection prevention and control (IPC). Staff told us they were required to complete adult safeguarding training on an annual basis and that they were confident about how to report concerns about residents' safety and/or poor practice.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The manager confirmed there was ongoing recruitment for staff in the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.



A review of records confirmed not all staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. An area for improvement was identified.

Residents spoke highly about the care that they received from staff and that they would have no issue with raising any concerns to staff.

### 5.2.2 Care Delivery and Record Keeping

Staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to residents' next of kin, their care manager and to RQIA, as required.

Review care records pertaining to two recent falls identified that staff had responded correctly to support the resident but some inconsistencies were noted in the record keeping. The resident's care plans and daily progress notes were not consistently updated following the falls and no contemporaneous post fall observations record was maintained. Management of falls had been identified at the previous inspection; this was stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to residents' dining needs in a caring and compassionate manner and residents spoke positively in relation to the quality of the meals provided. One resident said, "I love the new menu." The food served was well presented, smelled appetising and portions were generous. A variety of drinks were served with the meal.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents' individual likes and preferences were reflected throughout the care records. Care plans contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded. Some of the daily records reviewed were seen to contain repetitive statements and it was agreed that the manager would monitor daily evaluations to ensure these entries were more person centred.

Review of one identified resident's records confirmed that their care plan had not been updated appropriately following a number of incidents. These matters were discussed with the manager and assurances were given that this would be addressed with staff and monitored. An area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The lounges were arranged in such a way that patients could safely socially distance; although the dining areas were not. This was discussed with the manager who agreed to review mealtimes to facilitate social distancing.

Corridors were clear of clutter and obstruction and most fire exits were also maintained clear. A barrier had been erected briefly at the entrance to the home. This was discussed with staff who arranged for its immediate removal. Fire extinguishers were easily accessible. Discussion with the manager and review of records confirmed staff had attended fire training and there were good records of regular fire safety checks conducted in the home.

Bedrooms and communal areas were appropriately decorated and suitably furnished. It was pleasing to note the ongoing refurbishment in the home which was completed to a high standard. Staff and patients said they were very happy with the newly decorated foyer, dining room and bedroom in the home. The manager confirmed further refurbishments are planned for resident bedrooms and a refurbishment plan was shared with RQIA following the last inspection.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

The home was participating in the regional testing arrangements for staff and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. One staff member spoken with was unable to explain the correct method for applying and removing of PPE and hand washing procedures. This was discussed with the manager who agreed to support the staff member through training and supervision.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly.

## 5.2.4 Quality of Life for Residents

Examination of records and discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could go out outside when they wanted, remain in their bedroom or go to a communal room when they requested.

A schedule of activities was displayed in the home which included bingo, music, arts and crafts, board games, knitting, singing and dancing. Activity records were maintained. Review of daily progress notes confirmed staff regularly commented on how residents spent their day.

The manager confirmed there was a monthly newsletter circulated to residents and a review of records confirmed monthly residents meeting had taken place since the last care inspection.

## 5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Rhonda Spence has been the manager in this home since 1 February 2021 in an acting capacity.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits to quality assure care delivery and service provision within the home. Given the deficits identified in the care records, the manager agreed to increase audit activity around care records. This will be reviewed at a future care inspection.

Discussion with the manager confirmed that robust systems were not in place for staff supervision and appraisal. To ensure these requirements were met, an area for improvement was identified.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of accidents and incidents which had occurred in the home found that these were generally well managed and reported appropriately. Review of records identified one accident which had not been recorded appropriately in the accident book. This was discussed with the manager who agreed to address this with staff and arrange for retrospective recording.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and were available for review by residents, their representatives, the Trust and RQIA. It was noted that the times recorded for some of these visits appeared to be quite short and no action plans were generated despite the ongoing improvement work that was ongoing in the home. This was discussed with the responsible individual who agreed to monitor the completion of these reports.

## 6.0 Conclusion

Residents were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner.

Residents' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to residents and each other. Residents and staff did not express any concerns about the service.

New areas for improvement were made in relation to competency and capability assessments, updating of residents care plans and staff supervision and appraisal. One area for improvement relating to falls management was stated for a second time.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a safe and compassionate manner and the home was well led by the manager.

## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3*

\*The total number of areas for improvement includes one that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rhonda Spence, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards	The registered person shall ensure competency and capability assessments are completed for all staff who take charge of the residential home in the absence of the manager.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Competency assessments have been carried out on senior staff.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of the inspection onwards	The registered person shall ensure residents are appropriately monitored following a fall and appropriate care plans are implemented to reflect the resident's current needs.  Ref: 5.1 and 5.2.2  <b>Response by registered person detailing the actions taken:</b> Falls policy reviewed and updated. New client monitoring forms implemented to be completed after each client fall. Care plans are reviewed / updated following all falls to reflect the clients current needs.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards	The registered person shall ensure that resident care plans evidence they are regularly updated following all notifiable incidents to ensure they reflect the needs of the resident.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> New paperwork implemented. Client care plans are reviewed / updated following all notifiable incidents to ensure they reflect clients current needs.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 24</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2021</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff supervision and appraisal schedules are now in place. Supervisions have been completed for some of the staff with remaining supervisions arranged. Appraisals also arranged for staff in the coming weeks.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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