



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID: Fairhaven (1602)**

**Date of Inspection: 11 March 2015**

**Inspector's Name: Bronagh Duggan**

**Inspection ID: IN021333**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**

**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**

**Tel: 028 9051 7500 Fax: 028 9051 7501**

## 1.0 General information

<b>Name of Service:</b>	Fairhaven (1602)
<b>Address:</b>	58 North Road Belfast BT5 5NH
<b>Telephone number:</b>	02890650304
<b>E mail address:</b>	fairhaven58nrd@yahoo.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Fairhaven Residential Homes Ltd Mr James McElroy
<b>Registered Manager:</b>	Elizabeth Sweetlove Orr
<b>Person in charge of the home at the time of inspection:</b>	Mrs Elizabeth Orr
<b>Categories of care:</b>	RC-PH RC-MP
<b>Number of registered places:</b>	36
<b>Number of residents accommodated on Day of Inspection:</b>	36
<b>Scale of charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	11 November 2014 Primary Unannounced Inspection
<b>Date and time of inspection:</b>	11 March 2015 9:45am – 2:00pm
<b>Name of Inspector:</b>	Bronagh Duggan and Patricia Galbraith

## 2.0 Introduction

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

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

## 3.0 Purpose of the inspection

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

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

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

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

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

## 4.0 Methods/Process

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

- Discussion with the registered manager
- Discussion with the registered provider
- Examination of records
- Consultation with four residents
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Inspection focus

This inspection was conducted in response to concerns reported to RQIA from a member of the public regarding potential safeguarding issues within the home.

The concerns raised were referred by RQIA to the Belfast Health and Social Care Trust under partnership working in respect of Safeguarding of Vulnerable Adults and a parallel inspection undertaken sought to confirm if there were breaches in the Residential Care Homes (Northern Ireland) 2005 Regulations.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

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

## 6.0 Profile of service

Fairhaven Residential Care home is situated in a quiet residential area of East Belfast and is within walking distance of nearby shops and local amenities.

The residential home is owned and operated by Fairhaven Residential Homes. The current registered manager is Mrs Elizabeth Orr.

Accommodation for residents is provided in ten single and ten double rooms within a three storey building. Access to the first and second floors is via a passenger lift and stairs. The main building provides accommodation for 30 residents.

San Remo and Martinez are two small homes providing care and accommodation for three persons in each. The bungalows are adjoining, adjacent to and within the grounds of Fairhaven Residential Home. The two small homes consist of a living area, kitchen area, three single bedrooms and a bathroom in each.

The main home consists of a communal lounge area, and dining area. There is a spacious reception area at the front of the home which leads to the other main areas. The home also consists of a sun room area which is adjacent to the main living area of the home; there is also an activities room which residents use on a regular basis.

The home provides catering and laundry services on the ground floor, a smoking room is also available for residents use.

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

The home is registered to provide care for a maximum of 36 persons under the following categories of care:

### Residential care

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

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of 3 residents.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Fairhaven was undertaken by Bronagh Duggan and Patricia Galbraith on 11 March 2015 between the hours of 9:45am and 2:00pm. Mrs Elizabeth Orr was available during the inspection and for verbal feedback at the conclusion of the inspection. The inspectors also met with the Registered Provider Mr James Mc Elroy during the inspection.

Some of the requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed one requirement and three recommendations, a second requirement and three recommendations were not reviewed during this inspection but shall be carried forward for review at the next inspection. The detail of the actions taken by Mrs Orr can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard number 19 Recruitment of Staff.

Evidence gathered during this inspection evidenced that the home has in place appropriate policies and procedures relating to the recruitment of staff. A review of staff files and discussion with the registered manager confirmed that relevant information was obtained prior to making an offer of employment. Recruitment policies and procedures used in the home take account of relevant statutory legislation. There was evidence that the home monitors staff registration with NISCC

The home was found to be compliant with this standard.

During the inspection the inspectors met with residents, staff, the registered manager and registered provider. They discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. Inspectors examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with four residents they indicated that that they were happy and content with their life in the home.

Staffs demonstrated good knowledge of resident's individual needs, and were observed interacting courteously with residents.

Comments received from residents are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard.

Water temperature records within the home were reviewed. These were found to relate to specific bathrooms and wash rooms in the home however the temperatures of individual outlets were not being recorded. Mrs Orr was advised of the differing maximum temperatures for hot water outlets and the need to ensure these are adhered to.

A requirement is made that the temperature of all hot water outlets in the home are maintained in line with recommended levels.

A review of notifications of accidents and incidents showed that improvements had been made in the reporting however, it was noted that one resident had recently sustained a head injury and medical advice was not sought. A requirement has been made that medical advice should be sought if a resident sustains a head injury in the home in keeping with head injury good practice guidance.

Further details can be found in section 10.0 of the main body of the report.

Two requirements were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, the registered manager, the registered provider and staff for their assistance and co-operation throughout the inspection process.



**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 20 November 2014**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 30	<p>The registered manager must ensure that any accident or incident which occurs in the home which adversely affects the care, health, welfare or safety of any resident is reported to RQIA in keeping with information specified in Regulation 30.</p> <p>This requirement has been reiterated for the second time.</p>	<p>This issue was discussed with the registered manager; improvements have been noted in the reporting of accidents and incidents in the home. The need to maintain a consistent level of reporting was discussed with the registered manager.</p>	Compliant
2	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> <p>Ref:10.0</p>	<p>This requirement was not reviewed but shall be carried forward for review at a future inspection.</p>	Carried Forward

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	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.	This recommendation was not reviewed but shall be carried forward for review at a future inspection.	Carried Forward
2	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.	This recommendation was not reviewed but shall be carried forward for review at a future inspection.	Carried Forward
3	13.1	The home should develop a policy regarding the provision of activities for residents in the home.	Following the inspection this information was shared with the inspector. The policy provided was satisfactory.	Compliant
4	E38	Suitable enclosed bins should be made available in bathroom areas for infection control purposes.	These have been replaced.	Compliant

5	27.8	The rest handles on the bath in the identified bathroom should be improved as these were found to be in poor condition.	This area has been addressed.	Compliant
6	25.8	Staff meetings should be held on a regular basis and at least quarterly.	This recommendation was not reviewed but shall be carried forward for review at a future inspection.	Carried Forward

**9.0 Inspection Findings**

<b>STANDARD 19 - RECRUITMENT OF STAFF</b> <b>Staff are recruited and employed in accordance with relevant statutory employment legislation.</b>	
<b>Criterion Assessed:</b> 19.1 The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The home's policy and procedures reflects the recruitment process in accordance with legislative requirements and DHSS guidance.	Compliant

**STANDARD 19 - RECRUITMENT OF STAFF**

**Staff are recruited and employed in accordance with relevant statutory employment legislation.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>19.2 Before making an offer of employment: -</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The applicant's identity is confirmed</li> <li><input type="checkbox"/> Two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer</li> <li><input type="checkbox"/> Any gaps in an employment record are explored and explanations recorded</li> <li><input type="checkbox"/> Protection of Children and Vulnerable Adults (POCVA) checks and police checks are carried out (where applicants come from countries outside the United Kingdom, pre-employment checks are carried out with the national agency in the country of origin)</li> <li><input type="checkbox"/> Professional and vocational qualifications are confirmed</li> <li><input type="checkbox"/> Registration status with relevant regulatory bodies is confirmed</li> <li><input type="checkbox"/> A pre-employment health assessment is obtained</li> <li><input type="checkbox"/> Current status of work permit/employment visa is confirmed.</li> </ul>	
<b>Inspection Findings:</b>	
<p>The recruitment files of four staff were examined. The files of two recently employed staff included evidence that all relevant information as outlined in the criteria was included. The files of two staff who had been working in the home since the 1990's included relevant information. The registered manager was aware of all documentation required for newly employed staff over recent years, inspectors were satisfied there were appropriate systems in place to ensure the correct information was obtained for all newly recruited staff members.</p>	<p>Compliant</p>

**STANDARD 19 - RECRUITMENT OF STAFF**

**Staff are recruited and employed in accordance with relevant statutory employment legislation..**

<p><b>Criterion Assessed:</b> 19.3 Records are kept of all the documentation relating to the recruitment process. Details of information obtained as a result of a POCVA check should be handled as per paragraph 5.9 of DHSSPS guidance “Choosing to Protect”.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> The files of two recently recruited staff members examined included all relevant documents relating to the recruitment process. Information resulting from POCVA checks was handled in keeping with DHSSPs guidance “Choosing to protect”. Discussion with the registered manager confirmed they were aware of how to manage all relevant information.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 19.4 Staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> Of the four files reviewed these contained copies of staff member’s main terms and conditions.</p>	<p>Compliant</p>

**STANDARD 19 - RECRUITMENT OF STAFF**

**Staff are recruited and employed in accordance with relevant statutory employment legislation..**

<b>Criterion Assessed:</b> 19.5 Job descriptions are issued to staff on appointment.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The registered manager conformed job descriptions are issued to staff on appointment, copies of job descriptions were included in the staff files which were examined.	Compliant
<b>Criterion Assessed:</b> 19.6 Residents, or where appropriate their representatives, are involved in the recruitment process where possible.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
This criterion was not reviewed during the inspection.	Not Reviewed

## **10.0 ADDITIONAL AREAS EXAMINED**

### **10.1 Resident's consultation**

One inspector met with four residents individually. Residents were observed relaxing in the communal lounge and hallway areas. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"We are well looked after."

"The food is good here."

### **10.2 Relatives/representative consultation**

There were no visiting relatives or representatives available to meet with the inspectors during the course of the inspection.

### **10.3 Staffing observations**

Staff demonstrated awareness and knowledge of the needs of residents and were observed interacting courteously with residents.

### **10.4 Environment**

The inspectors viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

### **10.5 Notifications of accidents and incidents**

A review of notifications of accidents and incidents from January to March 2015 showed that RQIA had been informed of a number of accidents and incidents which had occurred in the home. The need to ensure medical advice is sought following any head injuries sustained in the home was discussed with the registered manager as it was noted that a resident had sustained a head injury and medical advice was not sought immediately.

A requirement is made that in the event of a resident sustaining a head injury appropriate medical advice should be sought in keeping with good practice head injury guidelines. This procedure should be followed at all times.

### **10.6 Water Temperature Records**

Water temperature records within the home were reviewed. These were found to relate to specific bathrooms and wash rooms in the home however the temperatures of individual



outlets were not being recorded. Mrs Orr was advised of the differing maximum temperatures for hot water outlets and the need to ensure these are adhered to.

During the inspection Mrs Orr checked the temperatures of a bath and shower in the home these were found to be above the maximum recommended temperatures. Mrs Orr was advised to rectify this immediately. Mrs Orr contacted a plumber and the water temperatures for the identified units were reduced to within recommended levels. This information was shared with RQIA estates inspectorate who contacted Mrs Orr via telephone to request a list confirming the location and result for all checks to hot water outlets in the home accessible to residents.

A requirement is made that the temperature of all hot water outlets in the home are maintained in line with recommended levels.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Elizabeth Orr , as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Fairhaven (1602)

11 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Elizabeth Orr either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
CF.	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> <p>Ref: 8.0</p>	One	Care plan assessed at review with care manager and signed by care manager.	29 April 2015

1.	Regulation 27.2 (t)	<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>Ref: 10.6</p>	One	<p>As discussed with estates officer, updated work has been carried out at various water outlets within the home, this is ongoing. On completion documentation will reflect the inclusion of these outlets.</p>	13 March 2015
----	---------------------	---	-----	---	---------------

2.	Regulation 13.(1)(a)	<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>Ref: 10.5</p>	One	Policy on first aid updated to include section on the management of head injuries, guiding staff to seek medical clarification for minor head injuries, via the GP or similar medical practitioner.	From the day of inspection and ongoing.
----	----------------------	--	-----	---	---

<b>Recommendations</b>					
<b>These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.</b>					
<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
CF.	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.	One	Policy updated and forwarded to inspector.	29 April 2015
CF.	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	One	New activites board in place, located on the wall before entrance to sitting room.	29 April 2015
CF.	25.8	Staff meetings should be held on a regular basis and at least quarterly.	One	Further staff meetings scheduled by home manager.	29 April 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: James McElroy

NAME: JAMES McElroy  
 Registered Provider

DATE 6/7/15

SIGNED: Elizabeth S. Orr

NAME: ELIZABETH S. ORR  
 Registered Manager

DATE 6/7/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	14.7.15
Further information requested from provider			