

Unannounced Care Inspection Report

13 December 2018



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

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 registered to provide care and accommodation for 36 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report. The main building provides accommodation for up to 30 residents, there are two three bedded bungalows on the same site which can provide accommodation for up to six residents.

3.0 Service details

Organisation/Registered Provider: Fairhaven Residential Homes Ltd Responsible Individual: James McElroy	Registered Manager: Elizabeth Sweetlove Orr
Person in charge at the time of inspection: Elizabeth Sweetlove Orr	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) 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	Number of registered places: 36

4.0 Inspection summary

An unannounced care inspection took place on 13 December 2018 from 09.00 to 15.30.

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 sought 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 infection prevention and control, the home's environment, communication between residents, staff and other interested parties, listening to and valuing residents and taking account of the views of residents and maintaining good working relationships.

One new area requiring improvement was identified in relation to flooring in two toilet areas and two identified bedrooms. Two areas for improvement have been stated for a second time these related to the completion and action of a legionella risk assessment and to ensure fire safety checks are completed regularly and maintained on an up to date basis.

Residents shared positive comments regarding their life in the home and relations 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
Total number of areas for improvement	2*	1

Details of the Quality Improvement Plan (QIP) were discussed with 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 27 September 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, 17 residents and four staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine questionnaires were returned by residents within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal information
- Staff competency and capability assessments
- Staff fire safety training records
- Three residents' care files
- Minutes of staff meetings
- Annual Quality Review report
- Minutes of recent residents' meetings
- Completed resident and resident representative satisfaction questionnaires
- Reports of visits by the registered provider
- 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 recorded as met in eight areas and partially met in two areas.

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 27 September 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 27 September 2018

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
Area for improvement 1 Ref: Regulation 15 .2 (b) Stated: Second time	The registered person shall ensure a risk assessment is put in place for the identified resident reflective of the recent change.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records in the home showed a risk assessment had been put in place reflective of the change and a corresponding plan of care was also in place.	
Area for improvement 2 Ref: Regulation 14 (2) (c) Stated: First time	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	Met
	Action taken as confirmed during the inspection:	

	Discussion with the registered manager and review of one care record showed the risk from smoking had been assessed and a care plan had been put in place. The registered manager confirmed all residents who smoke were assessed on an individual basis regarding the management of smoking materials.	
Area for improvement 3 Ref: Regulation 13. (7) Stated: First time	<p>The registered person shall ensure a legionella risk assessment is completed and any recommendations actioned accordingly.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed a legionella risk assessment had been scheduled for completion in January 2019. The registered manager confirmed she had shared relevant information with estates at RQIA. This area for improvement has been stated for a second time in the QIP appended to this report.</p>	Partially met
Area for improvement 4 Ref: Regulation 27 (4) (d) (v) Stated: First time	<p>The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of fire safety records showed there had been improvements in this area. Checks were being completed on a more frequent basis, however they were not always completed weekly in keeping with the homes procedures. This area for improvement has been stated for a second time in the QIP appended to this report.</p>	Partially met
Area for improvement 5 Ref: Regulation 15 (2) (b) Stated: First time	<p>The registered manager shall ensure there is a comprehensive and up to date needs assessment in place for the identified resident which clearly reflects all the identified care needs of the resident.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained showed there was an up to date needs assessment in place for the identified resident which</p>	Met

	reflected their care needs.	
Area for improvement 6 Ref: Regulation 14 (2) (c) Stated: First time	<p>The registered person shall ensure unnecessary risks to the health, welfare or safety for the identified resident are identified and so far as possible eliminated through the completion of comprehensive risk assessments relating to their identified needs.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home showed comprehensive risk assessments had been put in place relating to the management of the identified resident's needs. The need to continually risk assess was discussed with the registered manager.</p>	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24 Stated: Second time	<p>The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records in the home showed staff had received supervision and appraisal regarding their roles in the home.</p>	Met
Area for improvement 2 Ref: Standard 8.5 Stated: Second time	<p>The registered person shall ensure records held are legible, accurate and up to date.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of a sample of three care records showed they were legible, accurate and up to date.</p>	Met
Area for improvement 3 Ref: Standard 10.10 Stated: Carried forward	<p>The registered person shall ensure that an audit is completed regarding menu and food choices.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home</p>	Met

	showed views of residents and representatives were gathered regarding menu and food choices in the home. The registered manager confirmed new food choices were added to the menu as a result of the audit.	
Area for improvement 4 Ref: Standard 27 Stated: First time	<p>The registered person shall ensure the following environmental improvements are addressed:</p> <ul style="list-style-type: none"> • The identified bed should be replaced • The identified mirror light should be fixed • The handle should be secured on the identified wheelchair • The hallway carpet on the ground floor should be improved upon or replaced. <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the environment showed :</p> <ul style="list-style-type: none"> • The identified bed had been replaced • The mirror light was repaired and in working order • The handle was secured on the identified wheelchair • The hallway carpet on the ground floor had been secured therefore improving its presentation. 	Met

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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care through ensuring block booking of regular staff.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and information regarding staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that any 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 stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

There was an infection prevention and control (IPC) policy and procedure in place. 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh- smelling, clean and appropriately heated. The flooring in two identified toilet areas was noted to be stained and cracked presenting an infection control risk. In addition the carpet in two identified bedrooms was noted to be stained. These issues were discussed with the registered manager, replacement of the identified toilet area flooring and improvement to the identified bedroom flooring was identified as an area for improvement to comply with the standards.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

It was established that four residents smoked. A review of a sample of one care record identified that a risk assessment and corresponding care plan had been completed in relation to smoking. The registered manager advised risk assessments and corresponding care plans were completed individually for all residents who smoke and included arrangements regarding the management of smoking materials.

The home had an up to date fire risk assessment in place dated 10 October 2018 and recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. Fire safety records identified some inconsistencies with regard to the regular completion of fire safety checks. This area for improvement had been raised during the previous inspection. Although improvements had been noted regarding the frequency of fire safety checks, there were occasions when weekly checks had not been completed. This area for improvement has been stated for a second time in the QIP appended to this report.

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control, risk management and the home's environment.

Areas for improvement

One new area for improvement was identified during the inspection in relation to the flooring in two identified toilet areas and two identified bedrooms. Two areas for improvement relating to the completion of a legionella risk assessment and the regular completion of fire safety checks have been stated for a second time in the QIP appended to this report.

	Regulations	Standards
Total number of areas for improvement	2*	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, an improvement had been made in the records examined, all the records had been recently reviewed and updated. The benefit of reviewing templates used and the structure of care records was discussed with the registered manager. Care plans and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records 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.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals would be made to the multi-professional team regarding any areas of concern identified in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals for example reports of visits by the registered provider and the annual quality review report.

The registered manager advised 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' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports and annual quality review report were on display or available on request for residents, their representatives any other interested parties to read.

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised 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 and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home.

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. Information regarding how to make a complaints as well as user friendly safeguarding information was displayed in a central part of the home.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. 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 were supported to attend local day centres, cafes, shops and participate in arts, crafts, quizzes, bowling. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “I’m getting on the best, I love it here. Anything you want you get.” (resident)
- “The staff are nice, I like it here.” (resident)
- “It’s done proper here, they (staff) are all friendly, food is lovely.” (resident)
- “The staff in here are doing a really good job, sometimes I go out for lunch with friends.” (resident)
- “I feel I have come on. I can’t complain about anything here, there is always staff about if you need them.” (resident)
- (The manager) is very very kind to me. As far as I’m concerned I have no complaints.” (resident)

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- “Can tell the staff anything and it will be sorted.” (resident)
- “I like my own privacy.” (resident)

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 and stated that 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.

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. The

registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place, residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home.

The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A visit by the registered provider 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, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons would be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13. (7) Stated: Second time To be completed by: 31 January 2019	<p>The registered person shall ensure a legionella risk assessment is completed and any recommendations actioned accordingly.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: risk assessment carried out on the 23/01/2019 no actions required.</p>
Area for improvement 2 Ref: Regulation 27 (4) (d) (v) Stated: Second time To be completed by: 20 December 2018	<p>The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: fire safety checks done and changed to 2 weekly at random all drills recorded.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 27 January 2019	<p>The registered person shall ensure the flooring in the two identified toilet areas and in the two identified bedrooms is replaced and improved upon accordingly.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: new floors done as per inspection report.</p>

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



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