



The Regulation and
Quality Improvement
Authority

Fairhaven
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Belfast
Address

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**Unannounced Care Inspection
of
Fairhaven**

18 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of inspection

An unannounced care inspection took place on 18 August 2015 from 10.20 to 17.50. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this Inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

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

2. Service details

Registered Organisation/Registered Person: Fairhaven Residential Homes Ltd/ Mr James McIlroy	Registered Manager: Mrs Elizabeth Orr
Person in Charge of the Home at the Time of Inspection: Mrs Elizabeth Orr	Date Manager Registered: 1 April 2005
Categories of Care: RC-PH, RC-LD, RC-LD(E), RC-MP	Number of Registered Places: 36

Number of Residents Accommodated on Day of Inspection: 35	Weekly Tariff at Time of Inspection: £470
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3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

During the inspection we met with 19 residents individually and others in groups. We met with three care staff and the registered manager. There were no visiting relatives/representatives or visiting professionals to the home throughout the inspection period.

We inspected the following records:

- Six care records
- Relevant policies and procedures
- Accident and incident notifications
- Compliments and complaints
- Fire Safety Risk Assessment
- Staff training records
- Monthly monitoring reports.

5. The Inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 2 June 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16.(1)	<p>The registered manager must ensure that all care plans clearly reflect the preferred rising and retiring times of residents and be person centred at all times.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed that questionnaires had been distributed to all residents to gain their views in relation to preferred rising and retiring times. We reviewed a sample of care records these contained the relevant information.</p>	
Requirement 2 Ref: Regulation 19.(1) (a) Schedule 3, 3(k)	<p>The registered manager must ensure that the detail of daily progress notes is improved upon to ensure these reflect all care and services provided to residents including a record of the resident's condition and any treatment or intervention provided.</p>	Met
	<p>Action taken as confirmed during the inspection: We inspected daily progress notes. These included a clear memorandum directing staff to ensure records reflect residents' condition and any treatment or intervention. We viewed a sample of daily records these were satisfactorily completed.</p>	
Requirement 3 Ref: Regulation 19 (2) Schedule 4, 7	<p>The registered manager must ensure the duty roster accurately reflects the names of the persons working in the home.</p> <p>Reference to this is made in that agency staff members' names were not indicated on the duty roster.</p>	Met
	<p>Action taken as confirmed during the inspection: We inspected the duty roster this included the names of all staff working in the home, including agency staff.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35.1	The registered manager should ensure that a clearly defined system is introduced to ensure separate cleaning materials are used for cleaning the bathroom, kitchen and general areas of the home.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that a new system had been introduced which included the purchase of additional equipment which was specifically colour coded.	
Recommendation 2 Ref: Standard 28.7	The registered manager should ensure that adequate supplies of gloves and aprons are made readily available on all floors within the home.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that adequate supplies of gloves and aprons were available throughout the home.	
Recommendation 3 Ref: Standard 10.1	The homes policy and procedure should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).	Partially Met
	Action taken as confirmed during the inspection: We inspected the home's updated policy and procedure relating to the use of restraint. We identified some areas for further improvement. This recommendation has been restated in the QIP for a second time.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed that residents can spend their final days in the home unless there is a documented health care need to prevent this.

In our discussions with the registered manager and staff they confirmed that those identified as important to residents are involved in decisions about their treatment and care. Staff confirmed they work closely with other health care professionals including the residents General Practitioner and the district nursing service. Staff also confirmed that any changes in the resident's condition would be monitored closely and reflected in their evaluation care record and documented in their care plan.

On the day of the inspection the registered manager gave an example where a resident's condition was closely monitored with input evident from the district nursing service and General Practitioner. The registered manager confirmed that an up to date risk assessment relating to repositioning and skin integrity would be in place. Records in the home demonstrated that the resident's food and fluid intake would also be closely monitored.

In our discussions staff talked about liaising closely with residents families and the need to keep family members informed about any changes in the residents condition. The registered manager confirmed spiritual support is available for residents on a regular basis with visits from local ministers and lay groups.

Is care effective? (Quality of management)

The home had a policy and procedure relating to dying and death. The policy and procedure contained relevant information regarding information to be obtained upon admission to the home, breaking bad news, and authorities to be notified.

We inspected six care records; four of these records included reference to residents' wishes in the event of their death. Information included residents' spiritual preferences, next of kin details and specific funeral arrangements. The registered manager confirmed the wishes of the two other identified residents had not been sought to date due to individual circumstances. We discussed with the manager the benefit of obtaining the recorded wishes of residents regarding arrangements at the time of their death. We made a recommendation that with consent individual wishes of all residents regarding arrangements in the event of their death are sought through a process of consultation. This information should be included in the residents care plan.

The registered manager confirmed that staff had completed training relating to bereavement. The registered manager and staff also confirmed that the home works closely with a local funeral director to ensure residents last wishes can be upheld.

Staff members we spoke with confirmed that the deceased's belongings would be handled with care and respect. Staff confirmed that families are given all the time they may need before approaching this issue. Families are supported by staff to remove the belongings if they so wish.

Is care compassionate? (Quality of care)

In our discussions with the registered manager and staff they confirmed the needs of the residents are met with a strong focus on dignity and respect. Staff shared with us their experience of continually speaking with a resident approaching their final days. Staff confirmed that they would gently explain to the resident what care they are delivering even though the resident may seem unaware.

Staff were aware of the need to communicate sensitively to family members. Staff confirmed families are given time and privacy to spend with their loved one. The registered manager confirmed that following the death of a resident other residents would be informed sensitively. The registered manager confirmed residents would be given the opportunity to pay their respects if they so wished. Staff confirmed to us that there is a supportive ethos within the home to help staff and residents deal with dying and death.

We reviewed compliment and thank you cards. These were received from families of deceased residents. The cards contained words of praise and gratitude for the kindness and compassion received during this period of care.

Areas for improvement

We identified one area for improvement. Overall this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they demonstrated knowledge of supporting residents with their continence needs. Staff were aware of infection control procedures in the home and confirmed there was always a good supply of products available.

We inspected six care records. Three of these records reflected individualised assessments and plans of care regarding continence management. The other three records reflected that residents were independent in this area. The registered manager confirmed to us that all issues of assessed need in regard to continence were referred to the continence service. The registered manager confirmed that the home were currently working closely with the continence service regarding a number of residents. This work was ongoing at the time of inspection. Records available in the home showed ongoing audits and reviews of residents continence needs.

We observed adequate supplies of continence products, aprons, gloves, and hand washing dispensers throughout the home. No malodours were identified.

Is care effective? (Quality of management)

The home had a policy in place regarding the management and promotion of continence. This contained relevant information regarding working with specialist services, the need for assessment and the promotion of dignity and respect.

In our discussions with staff they confirmed they had completed training regarding continence management and infection control. Records in the home supported this. Staff showed good knowledge of residents' individual needs and measures to promote continence management.

Is care compassionate? (Quality of care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. Observations of

general care practices indicated that continence care was under taken in a discreet and private manner.

Areas for improvement

We identified no areas of improvement for this theme. This theme was assessed to be met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents views

We spoke with 19 residents individually and others in groups. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments from the residents included:

- “I like it here, I have everything I need.”
- “I am getting on well, everyone is kind.”
- “The food is good, everyone helps you here.”
- “I really appreciate all that is done, it is great.”
- “I like it here. I have my friends, the food is good. Everyone helps me.”

5.4.2 Relatives/representatives views

There were no visiting relatives/representatives to the home throughout the period of the inspection.

5.4.3 Staff views

We spoke with three care staff and received five completed staff questionnaires. Staff confirmed that they were supported in their respective duties and were provided with relevant training resources to undertake their duties. Returned questionnaires showed that staff felt there were some delays in receiving equipment from community providers. The registered manager confirmed she was aware of these issues.

5.4.4 General environment

We found that the home was clean and tidy with no malodours present. The décor and furnishings although dated were fit for purpose.

5.4.5 Accidents and incidents

We reviewed the accident and incident reports from the previous inspection and found these to be appropriately managed and reported.

5.4.6 Fire Safety

We inspected the homes Fire Safety Risk Assessment and training records. These showed that the risk assessment was due for renewal in May 2015. This had not been completed. We made a requirement that the home should have in place a current written Fire Safety Risk Assessment. We also noted that staff had not completed fire safety training since 27 May 2014. The need to ensure staff complete fire safety training twice every year was discussed with the registered manager. We made a recommendation in this regard.

5.4.7 Monthly monitoring reports

We inspected the monthly monitoring reports held in the home. We noted these had not been completed in accordance with regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 since March 2015. We made a requirement that these must be completed at least once a month by the registered provider.

5.4.8 Compliments and complaints

We reviewed records of compliments and complaints maintained in the home. Any complaints made to the home had been managed appropriately.

Areas for improvement

We identified three areas of improvement from the additional areas examined.

Number of requirements:	2	Number of recommendations:	1
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6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Elizabeth Orr as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.4 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.5 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.6 Actions taken by the registered manager/registered person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27.(4)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 5 September 2015</p>	<p>The registered manager must have in place a current written Fire Safety Risk Assessment that is revised and actioned when necessary.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: fire risk assessment completed by arma copy available for inspection</p>
<p>Requirement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be Completed by: 5 September 2015 and maintained on an ongoing basis.</p>	<p>The registered provider must undertake monthly monitoring visits ensuring these visits are in keeping with regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: monitoring visits recorded by home owner instead of manager</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be Completed by: 22 September 2015</p>	<p>The registered manager should ensure the individual wishes of residents regarding arrangements in the event of their death are sought through a process of consultation. This information should be included in the residents care plan.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: careplans are being updated at caremanagement reviews as discussed with the resident and family and recoreded</p>
<p>Recommendation 2</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be Completed by: 5 September 2015</p>	<p>The registered manager should ensure staff complete fire safety training twice every year.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: fire training to be held for all staff on 8/10/15</p>

Recommendation 3 Ref: Standard 10.1 Stated: Second time To be Completed by: 29 September 2015	The homes policy and procedure should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).		
	Response by Registered Person(s) Detailing the Actions Taken: policy to be updated as discussion with inspector		
Registered manager completing QIP	elizabeth s orr	Date completed	7/10/15
Registered person approving QIP	james mcelroy	Date approved	7/10/15
RQIA Inspector assessing response	Bronagh Duggan	Date approved	9/10/15

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