

Primary Unannounced Care Inspection

Name of Establishment and ID: Fairhaven (1602)

Date of Inspection: 20 November 2014

Inspector's Name: Bronagh Duggan

Inspection ID: IN017312

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Fairhaven
Address:	58 North Road Belfast BT5 5NH
Telephone Number:	028 9065 0304
Email Address:	fairhaven58nrd@yahoo.co.uk
Registered Organisation/ Registered Provider:	Fairhaven Residential Homes Ltd Mr James Mc Elroy
Registered Manager:	RP01820 - Elizabeth Sweetlove Orr
Person in Charge of the Home at the Time of Inspection:	Mrs Louise Miliken Orr
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:	36
Scale of Charges (Per Week):	Trust Rates
Date and Type of Previous Inspection:	16 July 2014 Secondary Unannounced Inspection
Date and Time of Inspection:	20 November 2014 10:00 – 19:00
Name of Inspector:	Bronagh Duggan

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 a primary unannounced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	19
Staff	4
Relatives	2
Visiting Professionals	3

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	10	6

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to DHSSPS Residential Care Homes Minimum Standards.

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not Applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to Become Compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not Compliant	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.
3 – Moving Towards Compliance	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.
4 - Substantially Compliant	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.
5 - Compliant	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.

7.0 Profile of Service

Fairhaven Residential Care home is situated in a residential area of East Belfast and is close to shops, post offices, churches and local amenities and provides day and respite care.

The residential home is owned and operated by Mr James Mc Elroy. The current registered manager is Mrs Elizabeth Sweetlove Orr.

Accommodation for residents is provided in a three storey detached building, accommodation includes ten double and ten single bedrooms plus spacious lounges on the ground and first floor. An activities room is situated on the first floor, a smoking room is also available for residents' use. Access to the first and second floors is via a passenger lift and stairs.

The home also provides catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

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. In total Fairhaven provides accommodation for thirty six residents.

The home provides accommodation for residents with mental illness and learning disabilities.

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 three residents.

8.0 Summary of Inspection

This primary unannounced care inspection of Fairhaven was undertaken by Bronagh Duggan on 20 November 2014 between the hours of 10:00 am–7:00pm. Mrs Louise Miliken Orr was available during the inspection and for verbal feedback at the conclusion of the inspection.

The four requirements and one recommendation made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that three requirements and one recommendation had been fully addressed. One requirement relating to the reporting of accidents and incidents in the home has been reiterated for the second time. The detail of the actions taken by Mrs Sweetlove Orr the registered manager can be viewed in the section following this summary.

Prior to the inspection on 20 November 2014 Mrs Elizabeth Sweetlove Orr registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Sweetlove Orr in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives, visiting professionals discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place, a recommendation was made that the homes policy and procedure is 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. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The deputy manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A requirement has been made that the use of the buzzer mat for the identified individual is 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. The evidence gathered through the inspection process concluded that Fairhaven was substantially compliant with this standard.

8.2 Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. A recommendation was made that the programme of activities is displayed in a visual format in a central location of the home to complement the audio system which is currently in use in the home. A further recommendation was made that the home develops a policy regarding the provision of activities as there was none available during the inspection. A review of the programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Fairhaven was compliant with this standard.

Resident, Representatives, Staff and Visiting Professionals Consultation

During the course of the inspection the inspector met with residents, representatives, staff and visiting professionals. Questionnaires were also distributed for staff to complete.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in Section 11.0 of the main body of the report.

8.3 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

8.4 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard. Two recommendations were made in relation to the environment the first related to ensuring suitable enclosed bins were available in bathroom areas, the second recommendation related to the improvement of rest handles on the bath in the identified bathroom as these were found to be in poor condition.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and six recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professionals, deputy manager, and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 16 July 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Regulation 29	Review the record of monthly visits to ensure the record meets all requirements as set out in Regulation 29.	The monthly monitoring visit report has been reviewed and developed to capture relevant information as set out in Regulation 29.	Compliant
2.	Regulation 16 (2) (b)	<p>The registered manager must ensure care plans are kept under review and clearly reflect resident's individual needs.</p> <p>Reference to this is made to the identified residents care plan which did not clearly stipulate that they had been diagnosed with epilepsy or include information on how to manage this condition.</p> <p>Ref: (9.0)</p>	A sample of care plans reviewed included all relevant information to reflect residents' individual need.	Compliant
3.	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>Ref: (10.5)</p>	<p>Discussion with the deputy manager and a review of accident and incident records in the home showed that some accidents that would affect the health, welfare or safety of residents were not reported to RQIA.</p> <p>This requirement has been reiterated for the second time.</p>	Moving towards compliance

4.	Regulation 19 (1) (a)	<p>The registered manager must ensure that all records are kept fully up to date and reflect changes in residents care. Any changes made to a residents treatment programme should be recorded in their daily notes and their care plan updated accordingly.</p> <p>Reference to this is made to the guidance provided by a health care professional in relation to a change in an identified residents' treatment not being clearly documented.</p> <p>Ref: (9.0)</p>	Discussion with the deputy manager and review of sample files showed that records were being updated accordingly.	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27.8	The flooring in the identified en suite should be replaced. Ref: (10.4)	The flooring in the identified en suite has been replaced.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment Care plan no 8, record of mental health/behaviour with information relating to type of behaviour and how behaviour might change and what staff should be looking out for. Staff record any changes in behaviour in the residents daily progress sheet. Residents who have specific behaviour problems have a behaviour guideline for staff to follow should a resident present with challenging behaviour.	Substantially compliant

Inspection Findings:	
<p>The home had a policy and procedure titled Challenging Behaviour (2011), and a policy on the use of restraint (2011) in place. A review of the policy and procedure identified that it reflected the Human Rights Act (1998), and included the need to refer on to other services where necessary. A recommendation was made that the policies are 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.</p> <p>Observation of staff interactions with residents identified that informed values of dignity and respect and the implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviour in October 2014 which included a human rights approach.</p> <p>A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff had completed relevant mandatory training and were supported in their respective roles.</p>	Substantially Compliant

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Home manager/deputy manager are in the home daily working with both staff and residents directly. Process of elimination is taken to help identify the cause of behaviour, could be physical or could be their mental health, staff liase with home manager/deputy to raise concern and further information is sought to identify cause, Fairhaven works very closely with all residents GPs, social workers, care managers and families as necessary.	Compliant
Inspection Findings:	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified programme of care/treatment.</p> <p>A review of the records and discussions with visitors/professionals confirmed that they had been informed appropriately.</p>	Compliant

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
As per care plan, information relating to behaviours and approach needed by staff is also discussed at the care management review as necessary.	Compliant
Inspection Findings:	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Currently one resident has specific guidelines on managing challenging behaviour, these guidelines had been drawn up by a behaviour specialist prior to admission, they are reviewed yearly at review or sooner if necessary.	Compliant
Inspection Findings:	
<p>A review of the Challenging Behaviour policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary.</p> <p>A review of one behaviour management programme identified that it had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident's care plan and there was evidence that it was kept under review.</p>	Compliant

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff are provided with Yearly Challenging behaviour training, current dates in October for this for all staff.	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in Challenging Behaviours in October 2014.</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training and supervision provided. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme in place.</p>	Compliant
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Records of this are maintained in the daily care plan evaluation, any meetings held are recorded and minutes held on file, care plan is then updated if necessary.	Substantially compliant

Inspection Findings:	
<p>A review of the accident and incident records from April 2014 to October 2014 and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of one care plan identified that it had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	Compliant
<p>Criterion Assessed:</p> <p>10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Fairhaven has a 'no restraint policy' in place.	Not applicable
Inspection Findings:	
<p>A review of records, discussions with residents and staff and observation of care practices identified that restraint or restrictive practices used in the home included the use of bedrails for two identified residents and the use of one buzzer mat for an identified resident. Review of resident’s records showed that the appropriate consultation and documentation was in place for the use of the bedrails. However, in relation to the buzzer mat which was in place, it was noted that this device although documented in the residents’ care plan had been introduced without proper assessment and agreement.</p> <p>A requirement has been made that the use of the buzzer mat is 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>	Moving towards compliance

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment All residents are actively involved in deciding the activities they would like to do within and outside of the home. Activities are discussed at the residents committee meetings and also on a daily basis with residents, residents are given the choice of the activity to be held daily.	Compliant
Inspection Findings: A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. A recommendation has been made that the home develops a policy on the provision of activities. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Substantially Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The residents of Fairhaven participate in a wide range of activities both in house and out within the local community. The residents are part of local church groups, community funded groups including the c-saw project. A number of opportunities have been made available. Most recently the residents participated in a 'street party' with the local residents, this was funded by the lottery fund.</p>	<p>Compliant</p>
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised five times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>The deputy manager informed the inspector that a number of residents in the home access local day care opportunities on a regular basis which also provide a range of activities for residents to participate in.</p>	<p>Compliant</p>

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment Activities for the day/evening are discussed at committee meetings and also meal/snack times, residents give their opinions on activities openly and freely. The activities that take place in fairhaven are resident led daily. A monthly plan was previously in place, but it did not work and by choice of the residents they decided that they should be given the same options but on a daily basis rather than a monthly plan and they make the decision as a group assisted by staff. Announcement made on buzzer system to alert residents in their rooms of the activity and where it is being held with starting time.	Compliant
Inspection Findings: A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment This is difficult to do at times given that the activity is usually decided by the residents on the day.	Substantially compliant
Inspection Findings: On the day of the inspection the activities available in the home were announced over an audio system for residents. A recommendation was made that the programme of activities is displayed in a visual format in a central location of the home to complement the use of the audio system as discussion with residents confirmed that some were unaware of what activities were planned on the day of inspection prior to the audio announcement.	Moving towards compliance

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment All residents are given the opportunities to participate with activities, they are given the support by staff leading the activity as necessary.	Substantially compliant
Inspection Findings: Activities are provided daily by designated care staff in the home. A large number of residents in the home attend local day care facilities on a regular basis. The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, arts and crafts materials, music, DVD's, and computer games. The deputy manager informed the inspector the home have held fundraising events including a residents car washing event to raise funds for the provision of activities.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment Activities provided throughout the day, activities are optional and residents can opt out at anytime, activities are held in sessions, morning 10:30-11:45 - 2:00-4:00 and also in the evenings at weekends.	Compliant
Inspection Findings: The care staff, deputy manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment a record of this is kept where necessary. Home manager is available throughout the day and is aware of what is going on within the home daily. Where a new activity is being provided or trialled, staff and home manager are involved to assess and evaluate the suitability of the activity and of the person leading the activity.	Moving towards compliance
Inspection Findings: The deputy manager confirmed that musicians, bands, a reflexologist, and staff from the Sports Council are employed to provide activities and entertainment for residents. The deputy manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment Currently the sports council have been providing armchair aerobics on a Thursday, as this is an activity that requires the resident to be in good health, staff liase with instructor before hand to give some information and if necessary staff will get involved with volunteer to help and ensure residents are participating and managing with the activity.	Substantially compliant
Inspection Findings: The deputy manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment Activity book held on file with all records of the above.	Compliant
Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment Programme is reviewed daily as it is resident led, new activities are brought in alongside new equipment/games etc to keep things fresh and new for the residents, giving them lots of choice and change as necessary.	Compliant
Inspection Findings: A review of the programme of activities identified that it had last been reviewed in October 2014. The records also identified that the programme had been reviewed at least twice yearly. The deputy manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents Consultation

The inspector met with 19 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. 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:

"The staff are all very kind, the food is good".

"I'm happy here, I like to help out in the kitchen".

"Everyone is very good, we are well looked after here"

"I am very happy here, I get everything I need".

11.2 Relatives/Representative Consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"The care is very good, I know he / she is well looked after".

"The care staff are very very kind, couldn't ask for better".

11.3 Staff Consultation/Questionnaires

The inspector spoke with four staff and reviewed six completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

"It's a happy place to work"

"It is like one big family"

11.4 Visiting Professionals Consultation

Three professionals visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

"The staff here are excellent, this is a really good home".

"I have no issues, the staff are all very good, and very attentive"

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The deputy manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by a member of staff and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector 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. Two recommendations were made in relation to the environment, the first related to ensuring suitable enclosed bins were available in bathroom areas, the second recommendation related to the improvement of rest handles on the bath in the identified bathroom as these were found to be in poor condition.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 7 May 2014.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 27 May 2014. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Elizabeth Sweetlove Orr. Mrs Sweetlove Orr confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Staff Meetings

A review of minutes of staff meetings showed that these were not being held in the home on a regular basis, a recommendation has been made that staff meetings should be held on a regular basis and at least quarterly.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Louise Miliken Orr Deputy Manager, 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



Quality Improvement Plan

Primary Unannounced Care Inspection

Fairhaven

20 November 2014

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 Louise Milliken 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
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>	Two	<p>Following discussion with inspector from previous report all SERIOUS ACCIDENTS had been reported using the form 1a, however minor bumps and scrapes had not.</p> <p>Discussed further with inspector on date of this inspection, improvements had been made but have not been noted.</p>	From the date of inspection and ongoing.
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>	One	<p>The information re the use of a buzzer mat was included in care plan, this had been discussed with next of kin, however had not been signed off by care manager. This has now been signed off by the residents trust representative.</p>	9 February 2015

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
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. Ref:10.0	One	Policy and procedure updated.	23 February 2015
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 Ref:10.0	One	New wipeable board ordered.	9 February 2015
3.	13.1	The home should develop a policy regarding the provision of activities for residents in the home. Ref:10.0	One	Policy on activities was not present in file, however was available for viewing on computer at the end of inspection, however this was not requested. Emailed to inspector.	23 February 2015
4.	E38	Suitable enclosed bins should be made available in bathroom areas for infection control purposes. Ref:11.8	One	New swing bins have been provided into all bathrooms, however as discussed with inspector on day of inspection, these bins may not be suitable	9 February 2015

				due to the category of care and some residents having poor dexterity to operate the bins requested. These bins are currently under review.	
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. Ref:11.8	One	Re-painted 30-1-15	23 February 2015
6.	25.8	Staff meetings should be held on a regular basis and at least quarterly. Ref:11.12	One	Staff meetings had been held, most recent staff meeting hadn't been written up to confirm.	23 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Elizabeth Orr
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	James McElroy

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	20.5.15
Further information requested from provider			