

Unannounced Care Inspection Report 22 February 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 with 36 beds registered to provide care within the categories of care as outlined in section 3.0 of this report. The main building provides accommodation for up to 30 residents; two three bedroom bungalows on site provide the remaining six places.

3.0 Service details

Organisation/Registered Provider: Fairhaven Residential Homes Ltd Responsible Individual: Mr James McElroy	Registered Manager: Mrs Elizabeth Orr
Person in charge at the time of inspection: Mrs Elizabeth 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 22 February 2018 from 10.30 to 17.30.

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 procedures in the home, communication between residents, staff and other key stakeholders and maintaining good working relationships.

Areas requiring improvement were identified in relation to supervision and appraisal arrangements, fire drill records, the completion of a risk assessment for an identified resident, organisation of care records, and the completion of an audit on menu and food choices.

Residents said they liked living in the home, the food was good, and the staff were good.

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	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Elizabeth 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 6 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

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

A total of ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Information was provided for staff to access an electronic questionnaire. Nine questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information
- Sample of competency and capability assessments
- Staff training records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 6 June 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 6 June 2017

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.8 Stated: First time To be completed by: 20 June 2017	The registered person shall ensure the carpet is secured appropriately outside the identified bedroom. Ref: 6.4 Action taken as confirmed during the inspection: The carpet had been secured appropriately.	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 confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Review of records and discussion with the registered manager confirmed that supervision and annual appraisals of staff had not been maintained on an up to date basis. This was identified as an area for improvement to comply with the standards. The registered manager was advised to implement a schedule outlining supervision and appraisal arrangements for the current year.

The registered manager and staff 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

The registered manager confirmed arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

An adult safeguarding policy was in place and was consistent with the current regional guidance. A safeguarding champion had been established. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The registered manager confirmed plans were in place for update training in May 2018.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager confirmed that no restrictive practices were currently undertaken within the home and on the day of the inspection none were observed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. 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. 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.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were 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.

The home had an up to date fire risk assessment in place dated 26 September 2017, following the inspection the registered manager provided confirmation to say that the recommendation on the fire safety risk assessment had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 22 December 2017, the registered manager was advised to record the name of each staff member that participated along with any actions or learning identified as a result of the drill. The records should be able to demonstrate that every staff member has participated in at least one fire drill per annum. This was identified as an area for improvement to comply with the standards. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Nine completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control procedures in the home.

Areas for improvement

Two areas for improvement were identified during the inspection these included ensuring staff receive regular supervision and appraisal and also to ensure records are maintained to reflect the staff members who have participated in fire drills and any learning from same.

	Regulations	Standards
Total number of areas for improvement	0	2

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 these included assessment of needs, life history, care plans, all about me documentation and daily/regular statement of health and well-being of the resident. The need to ensure a risk assessment was put in place for an identified resident in response to a change in the residents presentation was discussed with the registered manager. This was identified as an area for improvement to comply with the regulations.

The overall filing and organisation of care records inspected was discussed with the registered manager as these were found to be disorganised and lacked a predictable or systematic flow. The benefit of ensuring care records are maintained in a clearly organised manner ensuring legibility, ease of access for all relevant information and for review proposes was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

The registered manager confirmed 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. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed there was ongoing communication and sharing of information with members of the multidisciplinary team regarding risk management for an identified resident. The registered manager confirmed there had been a recent change regarding the

presentation of an identified resident and that this information had been shared with the relevant trust representative. Information available in the home confirmed this. The registered manager was advised to ensure the matter was progressed without delay.

Nine completed questionnaires were returned to RQIA from residents and resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the completion of a risk assessment for an identified resident and to ensure records are maintained in a legible and accessible manner.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

The registered manager confirmed 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, 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 for example information regarding how to make a complaint or raise a concern was displayed in the home in user friendly versions.

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

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents’ meetings, suggestion box, annual reviews etc. The benefit of completing an audit regarding residents views on the menu and food choices was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

Residents are consulted with, at least annually, about the quality of care and environment. The registered manager confirmed findings from the resident satisfaction questionnaires would be included within the annual quality review report.

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 attendance at day care and participating in arts and crafts activities. 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 love it here. The food is good, the staff are good, anything you ask for you get it.”
- “I am getting on very well, everybody is sociable there is no nonsense, everyone is very friendly and good. I like it here, it’s a good place.”
- “The like it here, the food is lovely.”

Nine completed questionnaires were returned to RQIA from residents and resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from a completed questionnaire were as follows:

- “My relative loves the home and staff are all very helpful and food is lovely.”

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

One area for improvement was identified during the inspection this related to the completion of an audit regarding the menu and food choices.

	Regulations	Standards
Total number of areas for improvement	0	1

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. 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.

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 displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including diabetes awareness.

A monthly monitoring visit 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, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits and updates.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Nine completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied/satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents and 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 Mrs Elizabeth 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 15 (2) (b) Stated: First time To be completed by: 8 March 2018	<p>The registered person shall ensure a risk assessment is put in place for the identified resident reflective of the recent change.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: potential risks are no longer active the careplan has been revised and updated</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24 Stated: First time To be completed by: 22 March 2018	<p>The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: schedule has been put in place for staff supervision and appraisals.</p>
Area for improvement 2 Ref: Standard 29.6 Stated: First time To be completed by: 22 March 2018	<p>The registered person shall ensure all staff participate in a fire evacuation drill at least once per year and action taken on problems of defects is recorded.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: fire training is carried out 6 monthly for all staff and recorded and a yearly monitoring is done by the manager yearly</p>
Area for improvement 3 Ref: Standard 8.5 Stated: First time To be completed by: 22 May 2018	<p>The registered person shall ensure records held are legible, accurate and up to date.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: the careplans have been reviewed and all none active information has been stored .</p>

<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 22 May 2018</p>	<p>The registered person shall ensure an audit is completed regarding menu and food choices.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: residents committee discuss the menu and the likes and dislikes are added at the time of the placement this is also being added on to the homes surveys..</p>
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Please ensure this document is completed in full and returned via Web Portal



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