Unannounced Care Inspection Report
29 December 2020

Fairhaven

Type of Service: Residential Care Home
Address: 58 North Road, Belfast, BT5 5NH
Tel No: 028 9065 0304
Inspector: Gerry Colgan

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for

2.0 Profile of service

This is a residential care home registered to provide residential care for up to 36 residents.

3.0 Service details

Organisation/Registered Provider: Fairhaven Residential Home. **Responsible Individual:** Kevin McKinney	**Registered Manager and date registered:** Elizabeth Sweetlove Orr 1 April 2005
Person in charge at the time of inspection: Elizabeth Sweetlove Orr	**Number of registered places:** 36
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	**Total number of residents in the residential care home on the day of this inspection:** 29

4.0 Inspection summary

An unannounced inspection took place on 29 December 2020 2020 from 08.30 to 14.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The inspection assessed progress with all areas for improvement identified in the home 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.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between residents, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were examined during the inspection:

- staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- the environment
- care delivery
- care records
- dining experience
- governance and management arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Orr, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with ten residents and five staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with ' Tell Us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from 21 December 2020 to 3 January 2021
- three care records
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- governance audits
- the minutes of staff meetings
- the home's certificate of registration.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection dated 21 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 February 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 30 **Stated:** First time	The registered person shall ensure that the management of controlled drug records is reviewed as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: A review of records and discussion with the manager confirmed that the management of controlled drugs is under regular review.	
Area for improvement 2 **Ref**: Standard 31 **Stated:** First time	The registered person shall ensure that they review the completion of personal medication records to ensure that these are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: A review of the personal medication records confirmed that creams and thickening agents are now included and these are fully and accurately maintained.	
Area for improvement 3 **Ref**: Standard 31 **Stated:** First time	The registered person shall ensure that they review the completion of medication administration records to ensure that these are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: A review of documentation and conversation with the manager confirmed that the completion of medication administration records is maintained through regular audits.	

Area for improvement 4 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 23 March 2019	The registered person shall develop and implement a robust auditing system for medicines management.	**Met**
	Action taken as confirmed during the inspection: A review of records and conversation with the manager confirmed that a robust auditing system for medicines management has been developed.	

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 21 December 2020 to 3 January 2021 were reviewed. The rota reflected the person in charge arrangements and staff on duty during the inspection. Staff confirmed that staffing levels were maintained to ensure the needs of residents could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the Covid–19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to residents and responded to call bells or requests for assistance in a timely manner.

Staff spoken with confirmed there was a good sense of team work in the home and demonstrated an awareness of the individual needs of residents. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “I love my job here. We all get on well for the good of our residents.”
- “It is a good place to work and we are well supported by the manager.”
- “It’s great to see the improvement in the residents’ mental state after being here for a while.”

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

We were advised that during the current pandemic all residents and staff had their temperature taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance.

We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. The infection prevention and control audits were all completed and staff confirmed enhanced cleaning schedules were in place which included the regular

cleaning of touch points throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home.

6.2.3 Care Environment

Residents spoken with confirmed they were happy with the home environment. The home was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Bedrooms were personalised with items that were meaningful to individual residents.

Although the home was clean it is old and in need of a major refurbishment to brighten it up. Also it would benefit from a proper clinical room. Discussion with the manager confirmed that the new proprietor Mr McKinney has plans for a major refurbishment programme which has not yet commenced due to the current Covid-19 Pandemic.

6.2.4 Care delivery

We observed staff practice in the home and saw that interactions with residents' were warm and kind. Staff showed good knowledge and understanding of residents' individual needs. Residents' were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some residents were observed relaxing in their bedrooms while others were in communal sitting rooms. Residents appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for residents who were in their bedrooms.

Comments received from residents included:

- "It's fantastic. Everything is good. The staff are very friendly and kind."
- "I like everything about it. You couldn't ask for better."
- "It's all very good here. They go around cleaning all the time because of this virus. This virus is making me feel under the weather because I can't get out and about the same."

6.2.5 Care records

Three care records were reviewed; these had been completed upon residents' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified residents in relation to Asperger's syndrome, epilepsy, cellulitis and reduced hearing. The care records included all relevant information and evidenced regular review and evaluation.

6.2.6 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for residents due to risks during the Covid-19 pandemic and the dining arrangements were subject to ongoing review.

A number of residents made their way to the large dining room for lunch; others were provided with lunch in the lounge areas. A review of the menu choices evidenced residents were given a choice at each mealtime; this included residents who required a modified diet.

Feedback from residents indicated that they were very happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. Staff were observed providing drinks and snacks to residents at intervals throughout the day.

6.2.7 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed she felt supported in the recent months of the Covid-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends.

We reviewed a sample of monthly monitoring reports from January 2020 and February 2020, however no other monitoring reports were available. The manager was unsure if Mr McKinney was completing them but she was had not been given a copy of these reports. The monitoring reports should be completed monthly therefore this was identified as an area for improvement.

We reviewed the minutes of staff meetings. We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The home's certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between residents, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas for improvement

One new area for improvement was identified in relation to the completion of the monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

On the day of the inspection we observed that residents appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to residents' individual needs. PPE was appropriately worn by staff. It is pleasing to note that the home is to benefit from a major refurbishment programme. One new area for improvement was identified in relation to completing monthly monitoring visits.

7.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mrs Elizabeth Orr, manager, as part of the inspection process. The timescales for this 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 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.

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 29 **Stated:** First time **To be completed by:** 31 January 2021	The registered person shall ensure that the regulation 29 monitoring visits are completed in a timely manner. Ref: 6.2.7
	Response by registered person detailing the actions taken:

The Regulation and Quality Improvement Authority

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