

Inspection Report

Name of Service: Fairview & Craigdene Residential Care Home

Provider: Charline Care Homes Ltd

Date of Inspection: 24 & 25 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Charline Care Homes Ltd
Responsible Individual:	Mr Gordon Graham Wilkinson
Registered Manager:	Gail Donnell
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 26 residents who are under or over 65 years of age with a learning disability. The home is divided into two separate buildings; Fairview and Craigdene which are both on the same site. There are a number of communal spaces across both Fairview and Craigdene.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 April 2025, from 10.10 am to 4.20 pm by a care inspector and on 25 April 2025, from 11.00 am to 12.30 pm, by a finance inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 24 April 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

A finance inspection was undertaken on 25 April 2025 to assess progress with two areas for improvement, identified by RQIA, during the last finance inspection on 18 July 2023. Both areas for improvement were assessed as having been addressed by the provider.

It was evident that staff promoted the well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the maintenance, décor and cleanliness of some areas of the home; and to the management of potential hazards to residents' health and safety, including storage of substances hazardous to health and prescribed medications. Details were shared with the manager during the inspection and with the Responsible Individual (RI) on 12 May 2025, where the RI shared the actions they had taken and planned to take to address the inspection findings.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4. No new finance related areas for improvement were identified during the inspection on 25 April 2025.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with provided positive feedback about their experiences residing in the home. Some of the comments shared included; "it's quiet and homely" and "my favourite thing is the food." Residents commented positively about the staff in the home and the provision of activities. A number of the residents described the staff as "good."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents said they enjoyed attending day care and that they had the freedom to go about their day as they wished.

Residents explained that they could have birthday parties with family or friends in their room or one of the lounges, could go out to church, local shops, clubs, or other activities in the community.

Residents told us that the staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing.

During the preparation of the lunch time meal, a hob in the kitchen area was left unsupervised while in use. A discussion took place with the management team regarding the deployment of staff in the home with specific regards to mealtimes to ensure there is adequate staff on duty to safely complete these cooking tasks and meet the needs of the residents. The manager provided assurances that staffing levels are kept under ongoing review. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience in Craigdene was an opportunity for residents to socialise; music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff in both Fairview and Craigdene were able to identify those residents who required a modified diet. However; there was no evidence of a clear system in place at mealtimes for staff to ensure that residents received the correct diet. Advice was provided for the manager to review the system in place at mealtimes to ensure that this is robust in supporting staff to identify residents on a modified diet.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity prior to lunch was observed taking place in Craigdene, residents were listening to music and engaging with one another. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading or listening to music.

Staff understood that meaningful activity was not isolated to the planned social events or games. The weekly programme of social events was displayed on the noticeboard advising of future events.

Residents' needs were met through a range of individual and group activities such as; board games, arts and crafts, hairdressing, one to one reading or listening to music/watching television.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded progress notes about the delivery of care; however, a discussion took place with the manager to ensure these are completed a minimum of once per week and provide a holistic overview of the resident's care. The manager agreed to review this. This may be reviewed at a future inspection.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Care records evidenced individual's dietary requirements and the level of support and assistance required, however; one care plan did not reflect International Dysphagia Diet Standardisation (IDDSI) terminology, a discussion took place with the manager who provided assurances this would be updated and reviewed across all care plans.

3.3.4 Quality and Management of Residents' Environment

Residents' bedrooms were generally clean and tidy; personalised with items important to the resident.

There were a number of communal areas accessible to residents across the home. Residents were observed seated comfortably in communal areas or their bedrooms if this was their preferred choice.

Improvements were required to the maintenance, décor and cleanliness of some areas of the home. There were signs of wear and tear to some walls, furniture and resident equipment throughout the home; for example; chipped paintwork, soft furnishings, and stained grout. Some kitchen counter tops were damaged in places, meaning they could not be effectively cleaned. Some areas of the home required enhanced cleaning, for example; bins in communal areas and kitchen cupboards.

Improvement was required to the management of potential hazards to residents' health and safety. Furniture and fixtures which were damaged or broken were found accessible in unoccupied bedrooms. Cleaning products were accessible in a kitchen cupboard and the laundry room was unlocked with access to sanitising products. Boxes of medication overstock were inappropriately stored in an unlocked cupboard in the dining area of Craigdene. The manager took action on the day of inspection to address any potential hazards.

The manager advised that there was a system in place to identify improvement works required to the environment. Following the inspection, the RI provided a copy of recent environmental audits. However, there was no clear, time bound action plan in place to address the issues identified and drive the necessary improvements.

The inspection findings were shared with the home's management team during feedback and after the inspection by email. The findings were further discussed with the RI during the meeting with RQIA on 12 May 2025. Assurances were provided that existing management systems had been reviewed and would now include daily checks, as well as detail on planned refurbishment in the home.

Four new areas for improvement were identified.

A Fire Risk Assessment was completed by an accredited fire risk assessor on 24 September 2024 and the overall fire risk was assessed as tolerable. No actions were identified by the fire risk assessor.

Two fire doors in Fairview were propped open; staff advised that this was due to the batteries requiring replaced. This was addressed during the inspection. An area for improvement was identified.

There were systems and processes in place to manage infection prevention and control which included policies and procedures and regular monitoring of staff practice to ensure compliance. Staff supporting with the mealtime experience in Craigdene were observed not wearing the appropriate Personal Protective Equipment (PPE). A discussion took place with the manager and assurances were provided this would be addressed with staff and monitored.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Gail Donnell has been the Manager in this home since 15 January 2024 and is registered with RQIA.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff said they felt confident in approaching the manager for support and that they received ongoing support and guidance through supervision and appraisals which were completed throughout the year. Staff said the manager held regular staff meetings which provided an opportunity for staff and the manager to discuss any issues and improve the running of the home. Some of the comments shared by staff included; “the manager is brilliant, so approachable.”

A system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to concerns, raised with them or by their processes, and took measures to improve practice, and the quality of services provided by the home.

A review of a sample of accidents and incidents records evidenced that, whilst these were appropriately managed these were not always notified to RQIA. These were submitted to RQIA retrospectively following the inspection. An area for improvement was also identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Gail Donnell, Manager and Mr Graham Wilkinson, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 6 June 2025</p>	<p>The Registered Person shall complete and submit an action plan to RQIA outlining the planned refurbishments to the home; including those areas discussed as part of the inspection. These should include projected timeframes for the works to take place.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: As the Inspector was informed at the time of the inspection, as part of the routine maintenance programme, written detailed room by room assessments had been carried out in late March 2025 identifying work to be done. Those were reviewed by the Registered Manager (RM) and Registered Person (RP) in early April and were being used at the time of inspection to create detailed written instructions for contractors. Copies have been provided to RQIA. An estimated 70% of those works have now been completed and the balance is in train. It is estimated outstanding works will be completed within 2 months.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2025</p>	<p>The Registered Person shall ensure as far as reasonably practicable that all parts of the home to which residents have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Noted. Action taken on day of inspection by RM responding to specific comments by Inspector. RM and RP following up as required.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2025</p>	<p>The Registered Person shall ensure the propping of fire doors ceases with immediate effect.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Noted. Action taken on day of inspection by RM responding to specific comments by Inspector. Manager and RP following up as required.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2025</p>	<p>The Registered Person shall ensure that where appropriate, accidents, incidents or other events are reported to RQIA.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Noted. As discussed with the Inspector and detailed in post inspection correspondence it is the view of the RM and RP that appropriate reports were made. But additional reports have been made as requested by the Inspector. RM and RP following up in response as appropriate.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 Dec 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2025</p>	<p>The Registered Person shall review the deployment of staff at mealtimes; to ensure that there are adequate staffing levels in place to complete cooking tasks safely whilst considering the needs and level of support required to residents in the home.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Staffing levels have been reviewed by RM and RP and remain adequate.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2025</p>	<p>The Registered Person shall ensure that enhanced cleaning of:</p> <ul style="list-style-type: none"> • Kitchen cupboards • Kitchen bins and; • Toiletry cases/storage in residents en suites <p>is completed.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Noted. Action taken on day of inspection by RM responding to specific comments by Inspector. Manager and RP following up as required.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2025</p>	<p>The Registered Person shall ensure that medicines are stored safely and securely that conform to statutory and manufacturers' requirements.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: Noted. Action taken on day of inspection by RM responding to specific comments by Inspector. Manager and RP following up as required.</p>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews