

Inspection Report

11 April 2024



Fairhaven

Type of service: Residential
Address: 58 North Road, Belfast, BT5 5NH
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Fairhaven Residential Homes Ltd</p> <p>Responsible Individual</p> <p>Mr Kevin McKinney</p>	<p>Registered Manager: Ms Sharon O'Donnell – Not registered</p>
<p>Person in charge at the time of inspection: Ms Sharon O'Donnell</p>	<p>Number of registered places: 36</p> <p>Registration for 36 beds with no more than 10 places in Cat PH incorporating San Remo and Martinez Suites. Approved to provide care on a day basis only to 3 Persons.</p>
<p>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.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 26</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a registered Residential Home which provides social care for up to 36 persons. The main building provides accommodation for up to 30 residents over three floors. There are two three bedded bungalows on the same site which can provide accommodation for up to six residents.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 April 2024 from 9:00am to 6.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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.

As a result of this inspection serious concerns were identified regarding the failure to meet an identified area for improvement, over time, to implement and operate a robust and effective system to monitor staffs' registrations with their regulatory body; in this instance the Northern Ireland Social Care Council (NISCC).

RQIA were not able to determine the NISCC registration status of the care staff employed to work in the home.

A meeting was arranged with the Responsible Individual on 26 April 2024 with the intention of issuing one Failure to Comply (FTC) notice in respect of The Nursing Homes Regulations (Northern Ireland) 2005; this was in relation to:

- Regulation 21 (1) (b) Fitness or workers

At the meeting RQIA were not satisfied that the system in place for management of the NISCC registrations was robust and a FTC notice (FTC Ref: FTC000218) was issued in respect of Regulation 21 (1) (b) with compliance to be achieved by 25 June 2024.

The enforcement policies and procedures are available on the RQIA website.

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

In addition a number of areas for improvement were identified Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP) in section 6.0. Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 relatives, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents told us they were happy with the service provided. Comments included; “staff are very good” and “the food is very good”. Residents were positive about the care provided. Residents spoke warmly about the provision of care, their relationship with staff and the provision of meals.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by residents and staff were shared with the management team for information and action if required.

One response was received from the resident/relative questionnaires following the inspection comments from same was passed to the manager. No responses were received from the staff questionnaire following the inspection.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b)	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council at all times.	Not met

<p>Stated: Third time</p>	<p>Action taken as confirmed during the inspection: This area for improvement was not met and has been subsumed into the FTC notice issued under Regulation 21(1) (b). This is discussed further in section 5.2.1.</p>	
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1 Ref: Standard 12 Stated: Second time</p>	<p>The registered person shall ensure that residents' monthly weights should be evaluated in the review of the nutritional care plan and any loss or gain referred to relevant healthcare professional, if appropriate</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and has been subsumed into an area for improvement under regulation. This is discussed further in section 5.2.2.</p>	<p>Not met</p>
<p>Area for Improvement 2 Ref: Standard 25 Stated: First time</p>	<p>The registered person shall ensure that the duty rota includes the full name of all staff on duty.</p> <p>Action taken as confirmed during the inspection: A review of records and assurances provided after the inspection by the manager evidenced that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 3 Ref: Standard 6.6 Stated: First time</p>	<p>The registered person shall ensure that residents who are deemed to be at risk of falls have a detailed falls care plan in place and a risk assessment completed after each fall.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward</p>
<p>Area for Improvement 4 Ref: Standard 27.2</p>	<p>The registered person shall ensure that there is a system in place to monitor room temperatures; to ensure that the temperature in bedrooms, in particular, is suitable and comfortable for residents.</p>	<p>Met</p>

Stated: First time	Action taken as confirmed during the inspection: Observation on the day of inspection and information submitted post inspection evidenced this area for improvement was met as stated.	
Area for improvement 5 Ref: Standard 20 Stated: First time	The registered person shall introduce an audit to monitor the quality of record keeping within residents' care records; to ensure it is in keeping with professional and minimum care standards.	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced this area was partially met and is therefore stated for second time. This is discussed further in section 5.2.5	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a system in place to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC). However, records reviewed evidenced checks on staff registration status were not consistently completed. RQIA were not assured that the current system in place for monitoring the staff's registrations was robust and the area for improvement had not been complied with over three inspections since February 2023. These concerns were discussed with the RI and the manager during feedback and again during the enforcement meeting with RQIA on the 26 April 2024. Whilst assurances were provided that all staff were registered or in the progress of registering with NISCC deficits remained within the system for the monitoring of staff registration status. RQIA issued one FTC notice under Regulation 21 (1) (b) of The Nursing Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date of 25 June 2024.

There were systems in place to ensure staff were trained and supported to do their job however the management matrix had not been updated to reflect the training for the manager and deputy manager and not all staff had received their Deprivation of Liberty training. An area for improvement was identified.

Staff were aware of their role and were observed to respond to residents requests for assistance promptly in a caring and compassionate manner. Residents told us they felt there was enough staff to provide assistance to them when needed. Staff told us that they were satisfied with the staffing levels.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the residents.

It was observed that 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.

Where a resident was assessed as being at risk of falls, measures to reduce this risk had been put in place. However, the manager advised that the risk assessment tool in use was currently under review. To allow further time to develop this fall risk assessment tool the area for improvement identified at the previous inspection October 2023 has been carried forward for review at the next inspection.

Daily records were kept of how each resident spent their day and the care and support provided by staff. However, residents' records were not stored in a confidential manner and could be accessed by unauthorised persons. This was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

Staff advised that they were made aware of residents' nutritional needs. There was evidence that residents' weights were checked monthly; however, it was noted that not all weight loss or gain was routinely being evaluated in the nutritional care plan. An area for improvement had been stated previously under the Residential Care Homes Minimum Standards (Version 1.1 Aug 2011) since the inspection on 20 July 2023 and has now been subsumed into an area for improvement under the Residential Care Homes (Northern Ireland) Regulations 2005.

A review of a sample of care records evidenced that residents' assessment of needs had not been updated regularly to ensure they accurately reflected the current needs of the residents.

Further review of residents care plans evidenced a number of deficits in regards to the consistent updating of these records in relation to residents who require modified diets, personal care requirements and mobility needs. This was discussed with the manager and an area for improvement was identified.

For one resident who had a deprivation of liberty in place on admission to the home no documented evidence of review or if this was still required was available this was discussed with the manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

However, two staff were observed to be wearing nail varnish and one was also wearing a wrist watch which is not in keeping with best practice and regional guidance for hand hygiene. This was discussed with the manager and an area for improvement was identified.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Observation of the environment evidenced that refurbishment work was taking place with the redecoration of residents' bedrooms and replacement of a bathroom. The manager confirmed that these were part of the ongoing refurbishment plan for the home.

In one of the bungalows the call bell system was not working and in the main home residents did not have a call bell lead available for use. Assurances were provided by email following the inspection that the system was back in working order however an area for improvement was identified.

Cleaning chemicals were accessible to residents in one bungalow in an unlocked cleaning store and maintenance equipment was also observed to be accessible in the second bungalow. This was discussed with the manager and an area for improvement was identified.

A wardrobe was observed to be partially blocking a fire exit route in a corridor on the second floor of the home. This was addressed by the manager at the time however, given the fire safety risks an area for improvement was identified.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

Staff were observed attending to residents' needs and maintaining their dignity by offering personal care discreetly and ensuring resident privacy during personal interventions.

Activities were provided which involved both group and one to one sessions. The weekly activity planner was on display.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Ms Sharon McDonnell has been the manager since 14 August 2023 but is not yet registered with RQIA. However the manager advised she was in the process of making an application.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, environmental audits, infection prevention and control and falls.

Review of resident records as stated in section 5.2.1 identified AFIs and a review of the Care File Audits that had been undertaken since the last inspection evidenced that the audit tool required to be reviewed to ensure it captured the areas of poor record keeping identified during this inspection. This was discussed with the manager and an area for improvement was stated for a second time. There was also a lack of evidence of the manager’s oversight of audits completed by other staff to ensure accuracy this was discussed and an area of was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The deputy manager was identified as the safeguarding champion for the home however they confirmed that they had not had any recent update of the required adult safeguarding training; an area for improvement was identified.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed, where action plans for improvement were put in place, some of the actions/timescales lacked detail. There was also use of residents names. This was discussed with the responsible individual following the inspection who gave assurances that this would be addressed. This will be reviewed at the next inspection.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable

6.0 Quality Improvement Plan/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 Residential Care Homes’ Minimum Standards (December 2022) (Version 1:2) (Alter as required)

	Regulations	Standards
Total number of Areas for Improvement	7	6*

* the total number of areas for improvement includes one that have been stated for a second time, one that has been subsumed into an area for improvement under regulation and one that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon O’Donnell, acting manager, 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	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 11 June 2024	<p>The registered person shall ensure that the residents' monthly weights should be evaluated in the review of the nutritional care plan and any loss or gain referred to relevant healthcare professional, if appropriate.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new nutritional assessment document has been implemented in every care plan and weights are evaluated monthly in review of this. Any Resident with a significant loss or gain will be weighed weekly and all loss or gain of weight will be reported to relevant healthcare professional when appropriate.</p>
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 25 June 2024	<p>The registered person shall ensure there is a system in place to ensure that residents care records are reflective of their assessed needs and risk assessments and care plans are updated as required when residents needs change.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All care plans have been updated to reflect their assessment of needs. The manager will audit every care plan monthly to ensure that any changes in Residents needs continue to reflect their care plans, risk assessments and assessments of needs documents.</p>
Area for improvement 3 Ref: Regulation 14 (5) Stated: First time To be completed by: 25 June 2024	<p>The registered person shall ensure when a resident is admitted to the home requiring a Deprivation of Liberty Safeguard (DoLS) that there is a system to ensure this is regularly reviewed, that a copy of the required documentation is available for review and the resident's care plan accurately details the safeguards required.</p> <p>Ref: 5.2.2.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An updated DOL's file has been implemented. The Manager will audit this monthly to ensure they are regularly reviewed, up to date and continue to reflect the details of safeguards in</p>

	<p>place in the residents care plan. The Manager has also implemented a coded sticker on the front of residents care plan, who have a DOL's in place, to ensure all staff are aware at a glance which Residents have a DOL's in place if an emergency situation arises.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2024</p>	<p>The registered person shall ensure a system is implemented to check that residents call bells are maintained in good working order and where required residents can access them at all times; unless stated clearly in their care plan that they cannot use the system.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Buzzer checks are carried out every 2 weeks. Staff checks to continue monthly and recorded in designated file. Maintenance also carry out a monthly check and recorded in maintenance file. The Manger is carrying out monthly audits to ensure these checks continue and any faults or errors are actioned in a timely manner. The Manager will continue to monitor Residents ability to use buzzers when necessary and care plan updated to reflect this.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2024</p>	<p>The registered person shall ensure that all areas of the home are free from risks and hazards. This is stated in reference to the access to the cleaning store and maintenance equipment.</p> <p>Ref :5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been made aware of the importance of risks and hazards within the home, the importance of COSHH and equipment to be stored in designated areas when not in use. Senior staff must carry out a walk around of the Home every day to ensure policies and procedures are adhered to in relation to all these areas of concern. Senior staff will keep a record of all walk arounds and report any areas of concern immediately to the designated person.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (c)</p>	<p>The registered person shall ensure corridors and fire exits are kept clear from obstruction.</p> <p>Ref:5.2.3</p>

<p>Stated: First time</p> <p>To be completed by: 11 April 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>All old furniture has been removed from the Home and no longer obstructing any pathways or corridors. Senior staff, while carrying out their daily walk about will also be making sure all corridors and pathways are clear from any obstructions.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 20 (c) (iii)</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2024</p>	<p>The registered person shall ensure staff with delegated responsibilities, such as the Adult Safeguarding Champion for the home, undertake the required update training.</p> <p>Ref :5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The safeguarding champion and the Manager attended safeguarding champion Training on the 28th May 2024 to ensure a safeguarding champion and an appointed person will be available at all times within the Home.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2023</p>	<p>The registered person shall ensure that residents who are deemed to be at risk of falls have a detailed falls care plan in place and their risk assessment reviewed after each fall.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: Second time</p> <p>To be completed by: 25 June 2024</p>	<p>The registered person shall introduce an audit to monitor the quality of record keeping within residents' care records; to ensure it is in keeping with professional and minimum care standards.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>Senior staff carry out monthly evaluations in which all documents within the care plan are up to date and in keeping with professional and minimum care standards.</p> <p>I will be auditing one care plan every day to include all careplans audited monthly to ensure record keeping is updated and maintained accurately and all actions completed in an allocated time frame.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2024</p>	<p>The registered person shall ensure in regards to staff training:</p> <ul style="list-style-type: none"> • all staff complete Deprivation of Liberty Safeguard training level 2 • the training matrix is updated to reflect the training undertaken by all staff in the home.
<p>Area for improvement 4</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2024</p>	<p>Response by registered person detailing the actions taken: All staff have completed DOL training, certificates can be found in the designated DOL file and the matrix has been updated and monthly training to continue in the Home. I will be auditing and updating this monthly. New staff must complete their DOL safeguarding and manual handling and infection control training in their induction process of starting employment.</p> <p>The registered person shall ensure that residents' confidential records are securely stored.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A new lock has been fitted to the document storage room as the old one was faulty. Staff to ensure it is closed each time they leave the store room. This will be checked on the seniors daily walk around</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2023</p>	<p>The registered person shall ensure infection prevention and control training is embedded into staff practice. This stated in reference but not limited to the wearing of nail varnishes and watches.</p> <p>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: Infection control measures currently in place have been revised and updated to include staff awareness of of infection control and extra training provided when necessary.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20</p> <p>Stated: First time</p>	<p>The registered person shall clearly demonstrate their oversight of any audits completed by or delegated to other staff to ensure they are accurate and that a time bound action plan is developed to address any identified deficits.</p> <p>Ref: 5.2.5</p>

<p>To be completed by: 11 April 2023</p>	<p>Response by registered person detailing the actions taken: I have implemented a new robust system to monitor all record keeping delegated to staff. I have created a monthly timetable within this system which is on a weekly/monthly white board in my office, this tool will allow me to keep track of all audits I carry out within the month, remind me of any actions needing closed and to audit and over see all documentation and record keeping in relation to all aspects of care we provide, including Helath and saftey, safeguarding,infection control and accidents and incidents.</p>
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