

Inspection Report

25 June 2024



Fairhaven

Type of service: Residential
Address: 58 North Road, Belfast, BT5 5NH
Telephone number: 028 9065 0304

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

<p>Organisation/Registered Provider: Fairhaven Residential Homes Ltd</p> <p>Responsible Individual Mr Kevin McKinney</p>	<p>Registered Manager: Ms Sharon McDonnell – not registered</p>
<p>Person in charge at the time of inspection: Sharon McDonnell - manager</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: 24</p>
<p>Brief description of the accommodation/how the service operates: 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 24 June 2024, from 10.00 am to 1.00 pm by a care inspector.

This inspection was undertaken to assess the level of compliance with the Failure to Comply (FTC) notice FTC 000218 issued on 1 May 2024.

The FTC notice was issued in respect of Regulation 21 (1) (b) relating to the management of the Northern Ireland Social Care Council (NISCC) registrations for care staff employed to work in the home.

As a result of this inspection all of the actions within the FTC notice were assessed as met, and compliance has been achieved with this FTC notice. RQIA will continue to monitor the quality of care within Fairhaven during subsequent inspections.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Sharon McDonnell, manager; and Mr Kevin McKinney, responsible individual (RI), at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about the care that they received and about their interactions with staff.

Staff spoken with said that Fairhaven was a good place to work. Staff commented positively about the manager and described them as supportive and approachable.

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 11 April 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	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.	Carried forward to the next inspection

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for Improvement 2 Ref: Regulation 16 (2) (b) Stated: First time	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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 3 Ref: Regulation 14 (5) Stated: First time	The registered person shall ensure when a resident is admitted to the home requiring a Deprivation of Liberty Safeguard (DoLS) that 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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for Improvement 4 Ref: Regulation 27 (2) (c) Stated: First time	The registered person shall ensure a system in 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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection	

<p>Area for Improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Observations evidenced this area for improvement was met as stated. However a new area for improvement regarding the management of risks and hazards was identified. This is discussed further in section 5.2.2</p>	<p>Met</p>
<p>Area for Improvement 6</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure corridors and fire exits are kept clear from obstruction.</p> <p>Action taken as confirmed during the inspection: Observations evidenced that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 7</p> <p>Ref: Regulation 20 (c) (iii)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Evidence of further training by the manager and deputy manager evidenced this area for improvement was met.</p>	<p>Met</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</p> <p>Ref: Standard 6.6</p> <p>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 their risk assessment reviewed 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 to the next inspection</p>

<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: Second time</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>Carried forward to the next inspection</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 to the next inspection</p>	
<p>Area for Improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</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>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>Met</p>	
<p>Area for Improvement 4</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p>		<p>The registered person shall ensure that residents' confidential records are securely stored.</p>
<p>Action taken as confirmed during the inspection: Observations evidenced that this area for improvement was met.</p>	<p>Carried forward to the next inspection</p>	
<p>Area for Improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</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>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>		

Area for Improvement 6 Ref: Standard 20 Stated: First time	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.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Review of the FTC notice

Fitness of workers

21.—(1) *The registered person shall not employ a person to work at the residential care home unless –*

b) *subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2;*

Action required to comply with regulations:

- a robust system is put in place that evidences the registration status of all relevant staff
- the system for recording staff registration status will be kept under regular review to ensure it is up to date, accurate and reflective of all relevant staff employed to work in the home
- a record is maintained of the progress of NISCC applications for newly appointed care staff
- there is clear evidence retained of any actions taken to ensure staff have made application to register and/or renew registration with NISCC, in a timely manner
- records are dated, timed and signed when completed by the manager or delegated staff member
- the record of visits undertaken in accordance with Regulation 29 demonstrates the Responsible Individual’s oversight of the system in place to monitor the registration status to ensure it is robust.

A review of records evidenced a robust system was in place that evidenced the registration status of care staff. The system in place was kept under regular review to ensure it was up to date and reflective of all relevant staff employed in the home and reflected progress for newly appointed staff. Evidence of actions taken to ensure staff had made application to register was available and all records examined were dated and signed by the person completing them.

The FTC action relating to the record of visits undertaken in accordance with Regulation 29 was assessed as compliant in respect of the management of staff NISCC registrations. However, the content of the records examined did not demonstrate that conduct of the home, through its governance systems and processes was managed effectively, or not, to ensure compliance with regulations and standards. This was discussed with the manager and RI during feedback and an area for improvement was identified.

5.2.2 Management of the Environment and Infection Prevention and Control

Observation of the environment evidenced that refurbishment work was taking place with the redecoration of residents' bedrooms. However, some carpets in particular on the staircases needed replaced. The manager confirmed that these were part of the ongoing refurbishment plan for the home. The RI confirmed that quotes for the replacement of the carpets had been received progress shall be reviewed at a subsequent inspection.

Cleaning chemicals were accessible to residents in various areas of the home including the bungalows. This was discussed with the manager and an area for improvement was identified.

A number of pieces of equipment was not effectively cleaned such as commodes and storage if equipment was observed on the cisterns of some toilets. An odour was present in one identified bedroom. This was discussed with the manager and an area for improvement was identified.

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).

	Regulations	Standards
Total number of Areas for Improvement	6*	6*

* the total number of areas for improvement includes areas for improvement which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sharon McDonnell, manager and Mr Kevin McKinney, 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	
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</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</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: 5.1</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</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 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: 5.1</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</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: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2024</p>	<p>The responsible individual shall ensure that the Regulation 29 reports demonstrate that the conduct of the home, through governance systems and processes, is being managed in line with regulations and standards or not. Where deficits are identified a specific, measurable and time bound action plan is devised and monitored through subsequent visits to drive the necessary improvements.</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: The Regulation 29 document now includes an action time line in which the RI will inspect on each visit including all areas where deficits are identified and that the conduct of the home, through governance systems and processes, are being monitored and managed in line with regulations and standards</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the day of inspection 25 June 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 chemicals.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: key pads has been fixed to the storage areas which holds cleaning chemicals. Domestic staff have been reminded that stores should be locked at all times.</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>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</p>

<p>To be completed by: 30 November 2023</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 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>Ref:5.1</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 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2024</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:5.1</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 4</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2024</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:5.1</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 5</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</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 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2024</p>	<p>The registered person shall ensure the infection prevention and control deficits identified within this report are addressed. This is stated in reference but not limited to the cleaning of commodes, storage on cisterns in toilets and addressing the odour in the identified bedroom.</p> <p>Ref 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have been reminded that no products or substances to be left on toilet cisterns and only to be stored in the appropriate designated areas. A cleaning rota of equipment such as commodes has been implemented to be completed daily. A new mattress was put in the identified room and Domestics made aware that the mattress has to be washed and aired every day as well as the floor mopped daily.</p>

Please ensure this document is completed in full and returned via Web Portal



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
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care