

Inspection Report

Name of Service:	Fairhaven
Provider:	Fairhaven Residential Homes Ltd
Date of Inspection:	29 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:	Fairhaven Residential Homes Ltd
Responsible Individual:	Mr Kevin McKinney
Registered Manager:	Ms Zoe Murray – not registered

Service Profile – This is a registered residential care home which provides social care for up to 36 persons living with a learning disability under and over the age of 65; physical disability or mental health needs. 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.

2.0 Inspection summary

An unannounced inspection took place on 29 April 2025 from 9.30 am to 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 25 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience.

The inspection identified concerns in regards to repeated areas for improvement and a number of new areas for improvement. Details were shared with the manager during the inspection, this was also discussed again at a more detailed feedback meeting with the manager and registered person on 16 May 2025. The management team discussed the actions that had been taken since the inspection and further action to be taken to address the areas for improvement identified. 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.

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 residents, 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 told us they were happy with the care and services provided. Comments made included, "I like it here" and "the food is good here".

Discussions 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 and could choose where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

One resident questionnaire was received indicating a level of dissatisfaction with the services provided in the home particularly within the internal environment. Comments were passed to the manager for review and to address as needed.

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.

A review of two newly appointed staff members' recruitment records evidenced that not all appropriate checks were in place. This was discussed with the manager and an area of improvement was identified.

A review of the staff registration with the Northern Ireland Social Care Council evidenced that this had not been updated since January 2025. RQIA could not identify if all staff were registered appropriately. The registration status was confirmed by the manager before the end of the inspection. RQIA were concerned that improvements previously made in this area had not been sustained. This was discussed further in the meeting on 16 May 2025 and an area for improvement was identified.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was observed that staff responded to requests for assistance in a caring and compassionate manner.

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 resident's needs, their daily routine wishes and preferences; and 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.

Any resident assessed as being at risk of falls, had measures in place to reduce this risk. However, examination of care documentation for residents who had been deemed at risk of fall evidenced that two different risk assessments were in use giving conflicting level of risk for residents and for one resident there was no care plan was in place. This area for improvement has now been stated for a second time

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; through gentle encouragement or their diet modified and supervision. A review of records evidenced discrepancies in the resident's care plan and with compliance of the speech and language therapist's recommendations with regards to the supervision level of one resident. In addition, the dining room had not been supervised appropriately. This was discussed with the manager and an area for improvement was identified.

The dining experience was an opportunity for residents to socialise. Residents were seen to be enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Residents told us that staff offered them choices throughout the day which included 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.

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 for a second time.

3.3.3 Management of Care Records

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the residents' needs.

Residents' care records were held confidentially.

A review of a sample of records evidenced that care plans lacked detail in particular relation to distressed behaviour, activity care plans and, as discussed in section 3.3.2, the falls and nutrition care plans. An area for improvement was stated for a second time.

Senior care staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Residents' Environment

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 still needed to be replaced. The manager confirmed that these were part of the ongoing refurbishment plan for the home.

A number of unnecessary risks were identified which had the potential to impact on the health and safety of residents. For example, a container of a food and fluid thickening agent was observed in the dining room and cleaning chemicals were found in the kitchen areas of the bungalows accessible to residents. The laundry room and kitchen were also accessible. This was identified as an area for improvement for the second time.

A door in the kitchen in the main house and in one of the bungalows was observed to be wedged open. This was discussed with the manager and an area for improvement was identified in line with fire safety.

Water leaks was observed in two bedrooms one of which work had been commenced to rectify the damage caused by a recent storm. There was no clear plan in place to regarding these works or the ongoing refurbishment in the home. This was discussed during the meeting in RQIA and a timeframe was given. Progress with the homes refurbishment plan will be reviewed at the next inspection.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control (IPC) which included staff practice to ensure compliance, however, some IPC deficits were noted, namely: a number of commodes and shower chairs were found to be stained. This area for improvement has now been stated for a second time.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Zoe Murray has been the manager in this home since February 2025.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Competency assessments were not completed for those staff who take charge of the home in the absence of the manager; an area for improvement was identified.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to residents. However, as stated above in sections 3.3.2 and 3.3.3, a number of areas were identified in relation to the oversight of the care records, the internal environment and the infection prevention and control(IPC). RQIA were also concerned in regards to the governance systems in place to ensure they were robust to drive improvements in the home. This was discussed further at the meeting and an area for improvement was identified.

The home was visited each month by the registered provider to consult with residents and staff however, no feedback was obtained from the residents’ relatives. Review of these reports evidenced that they were insufficiently robust so as to identify deficits and drive necessary improvements within the home. An area for improvement was stated for a second time.

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

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	8*	4*

* the total number of areas for improvement includes four under regulation that have been stated for a second time and two under the standards stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Zoe Murray, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 1 July 2025</p>	<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: 2.0 and 3.3.2</p> <p>Response by registered person detailing the actions taken: The residents' monthly weights are evaluated in the review of the nutritional care plan. The residents' weights are continually reviewed every month in a clear and detailed audit and any loss or gain is referred to the relevant healthcare professional when appropriate</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 1 August 2025</p>	<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: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: There is a system in place to ensure that the residents care records are reflective of their assessed needs, this is implemented across all their care records and is audited monthly by the manager. The residents risk assessments and care plans are updated as required and when the needs of the resident's change</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (C)</p> <p>Stated: Second time</p> <p>To be completed by: 29 April 2025</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: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: Cleaning chemicals in the area identified during the inspection were removed and placed in the locked cleaning storage.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</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</p>

<p>Stated: Second time</p> <p>To be completed by: 31 July 2025</p>	<p>identified a specific, measurable and time bound action plan is devised and monitored through subsequent visits to drive the necessary improvements.</p> <p>Ref: 2.0 and 3.3.5</p>
	<p>Response by registered person detailing the actions taken: Going forward the Regulation 29 report will be more robust and continue to identify deficits during the visit, and where these areas are identified, they are monitored in a measured time bound way to drive forward the necessary improvements required</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall ensure the current governance systems including the auditing process are reviewed to ensure they are robust in identifying deficits and drive improvement.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken: Current governance systems including the auditing process particular in relation to the NISCC monthly audit documentation, infection control audit documentation and overall environment documentation have been reviewed, these have been updated and implemented to ensure they are robust in identifying deficits and to drive improvement throughout the home.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 April 2025</p>	<p>The registered person shall ensure that a robust system is implemented and maintained in regard to the monitoring of staff registration with the Northern Ireland Social Care Council at all times.</p> <p>Ref: 3.3.1</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 April 2025</p>	<p>The registered person must ensure the following for residents who require supervision when eating and drinking;</p> <ul style="list-style-type: none"> • care plans are fully reflective of the supervision level as stated by the speech and language therapist • residents are supervised accordingly <p>Ref: 3.3.2</p>

	<p>Response by registered person detailing the actions taken: Care plans are fully reflective of the supervision level as stated by the speech and language therapist and are updated accordingly. Residents are supervised at meal times by staff and all levels of supervisions are implemented on a individual basis as per speech and language therapist input</p>
<p>Area for improvement 8 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 29 April 2025</p>	<p>He registered person shall ensure that the practice of wedging open of fire doors ceases with immediate effect. Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded that the wedging of fire doors is not acceptable and is being monitored daily, this is audited as part of the daily walk around the home document to ensure compliance.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</p>	
<p>Area for improvement 1 Ref: Standard 6.6 Stated: Second time To be completed by: 30 July 2025</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. Ref: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: Residents who are deemed to be at risk of falls have detailed falls care plans in place, their care plans are reviewed monthly alongside their risk assesments, which are updated when necessary and after every fall. Risk assesments are updated and implemented across the care plan to reflect the residents needs</p>
<p>Area for improvement 2 Ref: Standard 35 Stated: Second time To be completed by: 30 May 2025</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. Ref: 2.0.and 3.3.4</p> <p>Response by registered person detailing the actions taken: An infection prevention audit has been implemented into the daily tasks in the home to ensure all deficits are addressed. All unused commodes have been removed from the home and the remaining commodes have been cleaned and are done so on an ongoing basis and then inspected by senior staff. Residents have also been reminded that they must remove their belongings from the bathroom after using, Staff undertake daily checks to ensure this is adhered to. The odour in the identified bedroom is being managed with resident's co-operation, maintenance have</p>

	<p>resolved one issue and staff are continuing to work with resident to help avoid adding to the odour as best as possible</p>
<p>Area for improvement 3 Ref: Standard 19.2 Stated: First time To be completed by: 1 August 2025</p>	<p>The registered person shall ensure all necessary pre-employment checks are in place prior to the commencement of employment. Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All necessary pre-employment checks are in place prior to the commencement of employment , pre-employment checks go through the head office and copies are stored there, i will now ensure a physical copy of references is stored in the home</p>
<p>Area for improvement 4 Ref: Standard 20.1 Stated: First time To be completed by: 1 August 2025</p>	<p>The registered person shall ensure a competency assessment is in place for all staff who are given the responsibility of taking charge of the home in the absence of the manager. Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: All staff with responsibility of taking charge of the home in the absence of the manager have a competency assessment in place which are retained in the home.</p>

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