The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Fairhaven**

Provider: **Fairhaven Residential Homes Ltd**

Date of Inspection: **10 September 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/Responsible Person:	Mr Kevin McKinney
Registered Manager:	Miss Zoe Murray
Service Profile – This registered residential care home 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 10 September 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 promoted the dignity and well-being of residents and that staff were knowledgeable of the residents' needs.

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.

The inspection resulted in nine areas for improvement being assessed as being addressed by the provider. One area for improvement under regulation was stated for a third time and one was stated for a second time. One area for improvement under the standards has been stated for a second time. 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 not bad. There is plenty to do".

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.

No feedback was received from the resident / relative questionnaires or the online staff survey.

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 a newly appointed staff member's recruitment records evidenced that not all appropriate checks were in place. This was discussed with the manager and an area of improvement was stated for a second time identified.

There was a system in place to ensure staff were registered with the Northern Ireland Social Care Council (NISCC).

There was a system in place to ensure staff received training commensurate to their role. However, through discussions with staff and review of records it was observed that training for the care of residents with a learning disability or mental health needs had not been provided. This was discussed with the manager and an area for improvement was identified.

Staff said there was good teamwork, 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 a care plan and risk assessment in place. It was observed that the recording of the post falls' observations for two resident falls were not in line with best practice guidance. The post falls' checklists were not completed as per the homes protocol. 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. Residents may need a range of support with meals; through gentle encouragement or their diet modified and supervision. Residents told us they enjoyed their meal and residents were supervised appropriately.

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.

3.3.3 Management of Care Records

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

Records containing resident personal information were accessible on a noticeboard outside the office. This was discussed with the manager and an area for improvement was identified.

A review of a sample of records evidenced that care plans lacked detail in particular relation to diabetes management. This was discussed with the manager who agreed to address this. Progress will be reviewed at a future inspection.

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

3.3.4 Quality and Management of Residents' Environment Control

Observation of the environment evidenced that refurbishment work was taking place with the redecoration of residents' bedrooms. It was positive to note that the carpets in the lounge had been replaced and the stair carpet was also planned to be replaced.

A number of unnecessary risks were identified which had the potential to impact on the health and safety of residents. For example, cleaning chemicals were accessible in the upstairs store room and in the San Remo bungalow, the domestic trolley was left unsupervised outside the bungalow. This was discussed with the manager and an area for improvement was stated for a third time.

The front door of the San Remo bungalow was observed to be propped open with a bucket and a bedroom door in the same bungalow was propped open with a laundry basket. This was discussed with the manager and an area for improvement was stated for a second time.

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.

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.

There were process in place to monitor the quality of care and other services provided to residents.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

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	3*	3*

* The total number of areas for improvement includes one under regulation that has been stated for a third time and one stated for a second time. One area for improvement under the standards has been 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (2) (c) **Stated:** Third time **To be completed by:** 10 September 2025	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. Ref: 2.0 and 3.3.4 **Response by registered person detailing the actions taken:** Domestic staff have been reminded that all cleaning chemicals stores are to be locked at all times, and all cleaning chemicals are to be locked in store
Area for improvement 2 **Ref:** Regulation 27 (4) (b) **Stated:** Second time **To be completed by:** 10 September 2025	The registered person shall ensure that the practice of wedging open of fire doors ceases with immediate effect. Ref: 2.0 and 3.3.4 **Response by registered person detailing the actions taken**: Staff and domestic staff have been reminded at the importance of under circumstances are doors to be wedged open at any time
Area for improvement 3 **Ref:** Regulation 13 (a) (b) **Stated:** First time **To be completed by:** 30 October 2025	The registered person shall ensure the fall's protocol for the home is reviewed in line with best practice guidance and post falls' observations are recorded accordingly. Ref: 3.3.2 **Response by registered person detailing the actions taken**: Post falls observations records are in place , clear and information is in line with best practice
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 19.2 **Stated:** Second time	The registered person shall ensure all necessary pre-employment checks are in place prior to the commencement of employment. Ref: 2.0 and 3.3.1

To be completed by: 10 September 2025	**Response by registered person detailing the actions taken:** all pre-employment checks are in place prior to the commencement of employment and all necessary information is included
Area for improvement 2 **Ref:** Standard 23.4 **Stated:** First time **To be completed by:** 10 November 2025	The registered person shall ensure staff receive training in relation to the care of residents with a learning disability and mental health needs. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff training is continuous and training in this area continually ongoing for all staff
Area for improvement 3 **Ref:** Standard 22.6 **Stated:** First time **To be completed by:** 10 September 2025	The registered person shall ensure that any record retained in the home that details residents' information is securely stored. Ref: 3.3.2
	Response by registered person detailing the actions taken: Residents names will not be displayed in the home and will be continue to be securely stored

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

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