The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Fairhaven

Provider: Fairhaven Residential Homes Ltd

Date of Inspection: 18 March 2026

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:	Miss Zoe Murray, not registered
Service Profile: Fairhaven is a residential care home registered to provide social care for up to 36 persons living with a learning disability, 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 18 March 2026, from 10.00am to 14.20pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The findings of the medicines management inspection on 12 December 2025 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to secure storage of medicines, management of insulin, care plans for distressed reactions, audit, controlled drug records and medicines management at the time of admission. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely and staff were trained and competent to manage medicines. However, improvements were necessary in relation to audit, the management of insulin and the monitoring of medicines storage room temperatures and care plans for pain management.

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, residents were being administered their medicines as prescribed.

The areas for improvement in relation to secure storage of medicines, care plans for distressed reactions and controlled drug records, identified at the last medicines management inspection, were assessed as met. However, the areas for improvement in relation to audit and the management of insulin have been stated for a second time. The area for improvement in relation to medicines management at the time of admission was not assessed at this inspection

and has been carried forward. New areas for improvement were identified in relation to monitoring of medicines storage room temperatures and care plans for pain management.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA and Mr Kevin McKinney, Responsible Individual. It was decided that the home would be given a further period of time to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

RQIA would like to thank the staff for their assistance throughout the inspection.

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 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, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

3.2 What people told us about the service and their quality of life

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Care plans for the management of distressed reactions

All residents should have care plans, which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

The management of insulin

The management of insulin was reviewed. A care plan was in place when residents required insulin to manage their diabetes; however, the care plan lacked detail to direct staff if the resident's blood sugar was outside of the recommended range. In use insulin pens were not labelled to denote ownership. This was discussed with the manager who advised that additional training on the management of insulin has been arranged for all relevant staff. An area for improvement was stated for a second time.

Secure storage of medicines

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. Adequate shelving was available to store medicines safely and securely within the treatment room. The temperature of the medicines trolley located in the dining room was monitored and recorded to ensure that medicines were stored appropriately, however the temperature of the medicines storage area had not been recorded since December. The temperature of medicines storage areas should be recorded to ensure medicines are stored in accordance with manufacturers' recommendations. An area for improvement was identified.

Satisfactory arrangements were in place for medicines requiring cold storage, the safe disposal of medicines and the storage of controlled drugs.

Controlled drugs

Controlled drugs are medicines subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place

for the management of controlled drugs and records were maintained in a bound book with numbered pages. It is good practice for the key to the controlled drugs cabinet to be stored separately from all other keys. The controlled drugs cabinet key was observed held on the same keyring as the medicines trolley keys. This was discussed with the manager who agreed to separate the keys following the inspection.

Audit

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. However, the date of opening was not recorded on all medicines to facilitate audit and disposal at expiry. An area for improvement was stated for a second time.

Medicines management at the time of admission

There had been no recent admissions/readmissions to the home. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the GP and community pharmacist. The area for improvement was not assessed at this inspection and has been carried forward for review at the next inspection.

Other areas discussed

Copies of residents' prescriptions/hospital discharge letters should be retained so that any entry on the personal medication record could be checked against the prescription. Copies of prescriptions were not available for two new medicines which had been recently commenced. This was discussed with the manager who agreed to retain copies following the inspection.

A review of medicines administration records identified that administration signatures were missing from the evening of 17 March 2026. This was highlighted to the manager, who advised she was aware of the missed signatures and provided assurance that appropriate action had been taken.

Two personal medication records required updating; this was discussed with the manager who provided assurances that they would be updated following the inspection.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with the staff on duty and the manager for on-going monitoring.

The management of medication for pain was reviewed. Staff advised they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly, however one resident's care plan required updating with the details of their prescribed pain medication. This was discussed with the manager following the last medicines management inspection and had not been addressed. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3*	8*

* the total number of areas for improvement includes two that have been stated for a second time and seven which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss 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 Home 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.
	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. Ref: 2.0
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.
	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. Ref: 2.0

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.
	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. Ref: 2.0
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 **Ref:** Standard 6 **Stated:** Second time **To be completed by:** 18 March 2026	The registered person shall review the management of insulin and ensure that insulin pen devices are appropriately labelled and that care plans are resident centred, and contain the necessary detail to direct the required care. Ref: 3.3.1
	Response by registered person detailing the actions taken: All individual Insulin pens are individually labelled not only the pen box. The care plan is updated to be resident centred and now includes the necessary detail to direct staff of the required care and signs to be aware of.
Area for improvement 2 **Ref:** Standard 30 **Stated:** Second time **To be completed by:** 18 March 2026	The registered person shall ensure that an effective audit process is in place and that the date of opening is recorded for all medicines to facilitate audit and disposal at expiry. Ref: 3.3.1
	Response by registered person detailing the actions taken: Senior staff will now audit daily for opening dates, ensuring all opening dates are recorded on the medicines to facilitate monthly audits and disposal expiry.
Area for improvement 3 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 18 March 2026	The registered person shall ensure that the temperature of the medicines storage areas are monitored and recorded daily, and that appropriate action is taken if temperatures are outside of the recommended range. Ref: 3.3.1
	Response by registered person detailing the actions taken: Documentation is in place for the recording of medicines storage area and is recorded daily, this is audited by person in charge monthly. Appropriate action is taken by staff immediately if and temperatures are outside of recommended range.

Area for improvement 4 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 18 March 2026	The registered person shall ensure that care plans are place where residents require medicines to manage pain. Ref: 3.3.1
	Response by registered person detailing the actions taken: All residents who have prescribed medicine to manage pain have updated and detailed care plans detailing the PRN medication how it is used and for what purpose. RESPONSE FOR AREA OF IMPROVEMENT 5 STANDARD 31 All senior staff are aware of process for manging medicines at the time of admission -this has been reviewed and updated to ensure all senior staff are clear on this process
Area for improvement 5 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 12 December 2025	The registered person shall ensure that the processes for managing medicines at the time of admission is reviewed and the issues identified in this report are addressed.
	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. Ref: 2.0 & 3.3.1
Area for improvement 6 **Ref:** Standard 19.2 **Stated:** Second time **To be completed by:** 10 September 2025	The registered person shall ensure all necessary pre-employment checks are in place prior to the commencement of employment.
	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. Ref: 2.0
Area for improvement 7 **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.
	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. Ref: 2.0
Area for improvement 8 **Ref:** Standard 22.6	The registered person shall ensure that any record retained in the home that details residents' information is securely stored.

Stated: First time **To be completed by:** 10 September 2025	**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.** Ref: 2.0

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