The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Fairview & Craigdene Residential Care Home

Provider: Charline Care Homes Ltd

Date of Inspection: 19 February 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:	Charline Care Homes Ltd
Responsible Individual:	Mr Gordon Graham Wilkinson
Registered Manager:	Mrs Gail Donnell
Service Profile – This home is a registered residential care home which provides health and social care for up to 26 residents who are under or over 65 years of age with a learning disability. The home is divided into two separate buildings; Fairview and Craigdene. These are both on the same site. There are a number of communal spaces across both Fairview and Craigdene.	

2.0 Inspection summary

An unannounced inspection took place on 19 February 2026, between 9.35 am and 2.35 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 24 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in an effective and compassionate manner, RQIA were seriously concerned that managerial oversight and governance systems in relation to the upkeep of the premises, the Control of Substances Hazardous to Health (COSHH) and the completion of the monthly monitoring visits were not effective in driving improvement.

As a result of this inspection, RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns meeting was held on 19 March 2026.

During the meeting, the Responsible Individual and the manager provided RQIA with an action plan, and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection. RQIA accepted the assurances provided by the management team.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again 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 who were present in the home were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents were observed speaking with staff in a calm and light hearted manner.

Observations evidenced that residents were supported to choose how they spent their day. For example, residents could have a lie in, go to the lounge to watch television or engage in their own preferred choice of stimulation such as watching movies on their iPads.

3.3 Inspection findings

3.3.1 Quality of Life and Care Delivery

Staff were observed to be 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. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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; this may include simple encouragement through to full assistance from staff and their diet modified.

Staff were observed preparing for the mealtime experience, this was person centred and evidenced that residents had a choice of mealtime options. Staff were knowledgeable of resident's dietary needs and confirmed systems were in place to ensure residents received the correct diet.

3.3.2 Environment, Infection Prevention Control and Management Systems

As a result of the previous inspection on 24 & 25 April 2025 a refurbishment plan was in place and, whilst works had been completed in the Fairview unit there was no timescale for the completion of the remaining works and limited evidence of managerial oversight to drive the necessary improvements in the Craigdene unit. The maintenance of the home has the potential to impact on the well-being and dignity of the residents and their enjoyment of their home. During the enforcement meeting on 19 March 2026, the RI confirmed the plans in place for the remaining actions identified as part of this refurbishment plan. This area for improvement has been stated again for a second time.

In addition to the works outstanding, the need for further repairs was identified. For example stained flooring in toilets, stained carpets and worn furniture. An area in one bedroom had been repainted however, the paintwork had been damaged again and required further repair. The environmental audit completed on 19 January 2026 did not identify any of these issues. RQIA is not assured that this audit system is sufficiently robust to identify and drive the environmental improvements required or sustain improvements with previously completed works. An area for improvement was identified.

During the meeting held with RQIA on the 19 March 2026, the RI provided assurances that there are a number of systems in place to review works outstanding and drive ongoing improvement works.

Concerns were identified during previous inspections with the management of the Control of Substances Hazardous to Health (COSHH). Whilst there have been improvements with the storage of chemicals throughout the home, three bottles of bleach were stored in an unlocked cupboard in the kitchen, which was not secured. During the meeting with RQIA on the 19 March 2026, the manager confirmed that action had been taken to address this with staff and that monitoring arrangements are in place to ensure this practice ceases. This area for improvement remains unmet and has been stated again for a second time.

In one communal bathroom, it was noted that there was no access to toilet roll. On the day of the inspection, the electric hand dryer was not working and there were no plans in place to have it repaired. There were no disposable hand towels available in resident's' bedrooms to support staff and residents with hand washing in accordance with good Infection Prevention Control (IPC) measures. During the meeting with RQIA on 19 March 2026, the management team confirmed action had been taken to ensure alternative arrangements regarding access to toilet roll in the identified bathroom; and, hand towels were now being put into place in all residents' bedrooms. A new area for improvement was identified.

The Responsible Individual had not completed monthly monitoring visits, required under Regulation 29 from April to September 2025 or from October to November 2025; reports were available for the visits completed on 25 November 2025 and 6 January 2026. Whilst the reports of these visits were detailed, they did not clearly evidence review of actions required to drive the improvements necessary. During the meeting with RQIA on the 19 March 2026, the RI confirmed that plans were in place to ensure these visits would be completed in accordance with this regulation and include review of actions identified as part of the QIP. Two new areas for improvement were identified.

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	4*	2*

* the total number of areas for improvement includes two Regulations that have been stated again for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Gail Donnell, Registered Manager, as part of the inspection process; and with Mr Graham Wilkinson, Responsible Individual during the Serious Concerns meeting on the 19 March 2026. 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 27 (2) (b) **Stated:** Second time **To be completed by:** 6 June 2025	The Registered Person shall complete and submit an action plan to RQIA outlining the planned refurbishments to the home; including those areas discussed as part of the inspection. These should include projected timeframes for the works to take place. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Work is well underway to complete bring all remaining maintenance and environmental work up to date. As advised to RQIA in our letter of 18 March 2026 it had been anticipated this would be completed by the end of May. However, the lead times of various suppliers and contractors for ordered items like furniture and carpets are such that some items will not be delivered/installed until mid.June. An updated schedule will be provided to RQIA by 6 June showing items completed and dates for completion of the remaining works.

Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** Second time **To be completed by:** 24 April 2025	The Registered Person shall ensure as far as reasonably practicable that all parts of the home to which residents have access are free from hazards to their safety. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Signage has been put up in the homes emphasizing the need for all COSHH materials to be promptly placed in locked cupboards on delivery to the home and only to be removed under the supervision of members of staff. The importance of compliance has been emphasised to staff by the Registered Manager and the Registered Person. The Registered Manager is carrying out daily COSHH compliance monitoring checks.
Area for improvement 3 **Ref:** Regulation 29 (1) **Stated:** First time **To be completed by:** 19 February 2026	The Registered Person shall ensure that the Regulation 29 visits are completed on a monthly basis. Ref: 3.3.2
	Response by registered person detailing the actions taken: Noted and actioned as advised to RQIA in our letter of 18 March 2026.
Area for improvement 4 **Ref:** Regulation 29 (4) (c) **Stated:** First time **To be completed by:** 19 February 2026	The Registered Person shall prepare a written report on the conduct of the home in accordance with this Regulation. Ref: 3.3.2
	Response by registered person detailing the actions taken: Noted and actioned as advised to RQIA in our letter of 18 March 2026.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 5 March 2026	The Registered Person shall ensure that the system in place to review the environment across the home is robust at identifying deficits and were these are identified time bound action plans are completed and signed off when these have been taken. Ref: 3.3.2
	Response by registered person detailing the actions taken: Our letter of 18 March 2026 reiterated the elements of the comprehensive system that we have in place to deal with environmental issues, which had already been explained in detail to the Inspector. Additional focus is being placed on ensuring works are completed in a timely fashion and documenting that.

Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 16 April 2026	The Registered Person shall ensure that there are facilities available in resident's bedrooms for staff, residents and visitors to dry their hands after hand washing. Ref: 3.3.2
	Response by registered person detailing the actions taken: Completed.

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

The Regulation and Quality Improvement Authority

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