The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Fairhaven

Provider: Fairhaven Residential Homes Ltd

Date of Inspection: 30 and 31 July 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 – 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 30 July 2026 between 9.40am and 6.10pm and on the 31 July between 9.30am and 12.10 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 medicines management inspection on 18 March 2026, 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. 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated again, and five will be reviewed at the next medicines management inspection.

The Responsible Individual and Manager were invited to attend a meeting with RQIA on the 12 August 2026 to discuss the inspection findings. 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 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 spoke positively about life in the home. Comments included, "I have no concerns, there is plenty of choice", and, "The staff are attentive." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "The staff are excellent, the activities are good." Another resident said," The staff are attentive and they keep my room clean."

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.

There was evidence of residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

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

No completed responses to the resident or relative questionnaire or to the staff survey were received following the inspection.

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. The duty rota did not identify the staff allocated to the one to one supervision of residents. An area for improvement was identified.

Staff training for the care of residents with a learning disability or with mental health needs had not been provided. An area for improvement was stated for a second time.

The manager was asked to review the night-time staffing arrangements to ensure that these met the assessed needs of residents. The manager was also asked to provide assurances that suitably qualified staff, competent in the administration of medications are available in the home at all times to administer medication to residents in particular overnight.. Assurances were provided to RQIA on the 31 July 2026 that suitable staff were available from this time. These issues were discussed further at the meeting with RQIA on the 12 August 2026. An area for improvement was identified

Staff said there was good team work and that they felt well supported in their role.

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 residents' needs, their daily routine wishes and preferences.

A resident requiring to be supervised by a staff member on a one to one basis was found to be unsupervised. The manager immediately addressed this, and was reported appropriately. An area for improvement was identified.

The need for regular night-time checks on residents by staff to be completed for the Martinez and San Remo bungalows was identified as an area for improvement. These issues were discussed with the RQIA on the meeting on the 12 August, where assurances were given that enhanced checks were in place.

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 resident choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as musical activities, games and movie nights

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Review of care plans for residents who presented with behaviours that challenge, identified that they did not contain sufficient detail to effectively direct staff in the management of these behaviours. Review of residents day-to-day care notes identified that these were not being managed sufficiently to ensure the security, integrity and accountability of the records. These issues were discussed at the meeting with RQIA on the 12 August. Two new areas for improvement were identified.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. Residents bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable.

A number of fire doors in the home did not effectively self-close. Personal Emergency Evacuation Plans (PEEPS) reviewed did not accurately reflect the needs of resident's. Various areas of the home requiring maintenance were identified .It was discussed with the manager the need for the audit process to be robust, to identify issues, and for timely action to be taken. The manager agreed to address the maintenance issues found. These issues were discussed at the meeting with RQIA on the 12 August. Three new areas for improvement were identified.

Not all staff had an up to date fire drill. An area for improvement was identified.

There was no signage in the Martinez and San Remo bungalows to reflect the lounge and kitchen areas. Door numbers were also missing off some bedrooms. An area for improvement was identified.

There was a malodour in an identified bedroom. This was brought to the manager's attention and she agreed to address this.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Zoe Murray has been the Manager in this home since February 2025.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Closed Circuit Television (CCTV) had been installed in the foyer and downstairs corridors of the home. This had been installed without a policy to guide the use of CCTV, and the homes statement of purpose and residents guide did not reflect the use of CCTV. A review of the Regulation 29 reports found that the deficits picked up during inspection had not been identified during the provider's monthly monitoring process. These issues were discussed at the meeting with RQIA on the 12 August 2026. Two new areas for improvement were identified.

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	4	15*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Zoe Murray, 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 20 (1)(a) **Stated:** First time **To be completed by:** 1 September 2026	The registered person shall ensure that a system is in place to ensure that staffing levels are regularly reviewed taking into consideration the assessed needs of residents. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staffing levels are reviewed monthly , staffing levels will also be reviewed on assessment of residents needs, as these change and when new residents move into Fairhaven
Area for improvement 2 **Ref:** Regulation 13 (1)(a) (b) **Stated:** First time **To be completed by:** 30 July 2026	The registered person shall ensure that any residents requiring one to one supervision is staffed according to the care plan. Ref 3.3.2
	Response by registered person detailing the actions taken: One to one supervision is staffed according to the care plan - each staff member providing 1:1 will be instructed to read the care plan before hand
Area for improvement 3 **Ref:** Regulation 27 (4)(d) **Stated:** First time **To be completed by:** 1 September 2026	The registered person shall ensure that the fire doors in the home effectively self-close. Ref: 3.3.4
	Response by registered person detailing the actions taken: All fire doors effectivity self-close , the effectiveness of the self-closing doors is audited to ensure if any issues arise they are noted and resolved efficiently
Area for improvement 4 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 1 September 2026	The registered person shall ensure that the Regulation 29 process is sufficiently robust in identifying deficits in the home and identify a clear time bound action plan. Ref :3.3.5
	Response by registered person detailing the actions taken: The registered person will review that the regulation 29 is reviewed and sufficiently robust

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 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: 2.0
	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.
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: 2.0
	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.
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: 2.0
	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.
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: 2.0
	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.

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. Ref: 2.0 **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.**
Area for improvement 6 **Ref:** Standard 23.4 **Stated:** Second time **To be completed by:** 1 November 2026	The registered person shall ensure staff receive training in relation to the care of residents with a learning disability and mental health needs. Ref: 2.0 & 3.3.1 **Response by registered person detailing the actions taken:** Best suited learning disability and mental health training for all staff has been sourced and is beginning to be rolled out to all staff in Fairhaven
Area for improvement 7 **Ref:** Standard 25.6 **Stated:** First time**:** **To be completed by:** 1 September 2026	The registered person shall ensure that the staff member allocated to the one to one supervision of residents is recorded on the duty rota Ref: 3.3.1 **Response by registered person detailing the actions taken:** The staff member on duty allocated to the one to one supervision is now recorded on the duty rota
Area for improvement 8 **Ref:** Standard 9.3 **Stated:** First time**:** **To be completed by:** 1 September 2026	The registered person shall ensure that a system is put in pace to ensure regular night time checks on residents are completed in the San Remo and Martinez bungalows. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Night checks are being completed and documentation in place to record

Area for improvement 9 **Ref:** Standard 22 **Stated:** First time**:** **To be completed by:** 1 October 2026	The registered person shall ensure that resident's daily progress notes are managed in a manner, which safeguards the security, integrity and authenticity of the records. Ref: 3.3.3 **Response by registered person detailing the actions taken:** Registered person will ensure daily progress notes are managed in a manner that safeguards the security, integrity and authenticity of the records.
Area for improvement 10 **Ref:** Standard 6.6 **Stated:** First time**:** **To be completed by:** 1 September 2026	The registered person shall ensure that care plans for residents with behaviours that challenge, are sufficiently detailed to direct staff in the management of these behaviours. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Care plans for residents with behaviours that challenge, have been updated to be sufficiently detailed to direct staff in the management of these behaviours
Area for improvement 11 **Ref:** Standard 29.1 **Stated:** First time **To be completed by:** 30 July 2026	The Registered Person shall ensure that the residents Personal Emergency Evacuation Plans (PEEPS) are accurate and up to date. Ref: 3.3.4 **Response by registered person detailing the actions taken:** PEEPS are accurate and up to date, they will continued to be reviewed regularly and updated when residents needs change
Area for improvement 12 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 1 September 2026	The registered person shall ensure that an effective environmental audit process is in place to identify and address maintenance issues in the home. Ref: 3.3.4 **Response by registered person detailing the actions taken:** An environmental audit process is in place and all actions from this audit are documented , all actions now will be also be recorded into a maintenance book to ensure maintenance are able to easily view actions and resolve on an ongoing basis

Area for improvement 13 **Ref:** Standard 29.6 **Stated:** First time **To be completed by:** 01 November 2026	The registered person shall ensure that all staff have an up to date fire drill Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff will have an update to date fire drill, this is currently ongoing to be completed by all staff
Area for improvement 14 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 01 October 2026	The Registered Person shall review the signage in the Martinez and San Remo bungalows are reviewed to help orientate residents. Ref: 3.3.4
	Response by registered person detailing the actions taken: Signage in the bungalows for the kitchen ,bathroom and lounge will be displayed on each door to help orientate residents
Area for improvement 15 **Ref:** Standard 21 **Stated:** First time **To be completed by:** 01 November 2026	The Registered Person shall ensure that a policy or procedure is developed and implemented for the use of CCTV in the home. The use of CCTV should be reflected in the homes statement of purpose and residents guide. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person will ensure that the policy and procedure currently in place will be updated and amended for the use of CCTV in the home

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