The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Fairview & Craigdene Residential Care Home

Provider: Charline Care Homes Ltd

Date of Inspection: 8 September 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 8 September 2026, between 10.05 am and 5.40 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 19 February 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 and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, it was positive to note that all six areas for improvement have been met. Three new areas for improvement were identified; details 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "I like it here", "The staff are looking after me well", "Everyone (staff) is very nice" and "The staff are very good here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "Gail (manager) is brilliant; she is very supportive", "I wouldn't work anywhere else", "We have a great team here" and "I love it here".

There was no response to the online survey or questionnaires within the timeframe allocated.

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. There was evidence that systems were in place to manage staffing.

Review of recruitment records evidenced that the physical and mental health statement for one staff member had not been received until several days following commencement of employment. The manager acknowledged that this should have been obtained prior to commencing employment and agreed to monitor this going forward. This will be reviewed at a future inspection.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff responded to requests for assistance promptly in a caring and compassionate manner.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, warm and supportive. The atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as 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.

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. Whilst a menu was available within the kitchen, a daily menu was not displayed within the dining areas. This was discussed with the manager who took immediate action to address this and agreed to monitor going forward.

Observation of the lunchtime meal and discussion with residents, staff and the manager evidenced that there were systems in place to manage residents' nutrition and mealtime experience. The atmosphere was calm and relaxed.

Residents commented positively about the food provided within the home with comments such as: "We get a choice of food", "Good variety" and "I enjoy the food here; it is very nice".

A schedule of activities for the week was on display offering both group and individual activities including; arts and crafts, hand massage, puzzles, darts, bingo and board games.

Residents commented positively about the provision of activities. Comments included: "I like the activities here", "There is always plenty of things to do here" and "They (staff) are all very kind and down to earth".

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. Residents care records were held confidentially.

Whilst care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Review of daily evaluation records evidenced that staff were not documenting the exact time, for example; AM, PM and Night were documented instead. This was discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this. This will be reviewed at a future inspection.

3.3.4 Quality and Management of Residents' Environment

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. There was evidence that refurbishment works had been completed since the last inspection. The manager confirmed that any remaining works were underway and provided dates following the inspection, for these works to be commenced.

There was limited availability of bins throughout the home to dispose hand paper towels, personal protective equipment (PPE) and incontinence aids. The manager advised that these were in the process of being ordered. An area for improvement was identified.

Several residents' wardrobes were not secured to the wall for safety. This was discussed with the manager who agreed to have these secured as a priority. A discussion was also held with the manager to review other freestanding furniture and to secure to the wall as necessary. An area for improvement was identified.

In addition to the above findings, surface damage was evident to a bath; a number of wash hand basins and fixtures such as sink plugholes. Details were discussed with the manager who agreed to complete a full audit of all wash hand basins. An area for improvement was identified.

A Fire Risk Assessment (FRA) had been completed on 27 November 2025. A number of recommendations were made following this assessment; the manager confirmed that all recommendations had been addressed.

Whilst PPE and hand sanitising gel was available within the home, the location of where the PPE was being stored required staff to leave the first floor to retrieve PPE on the ground floor when necessary. This was discussed with the manager to review. Following the inspection, written confirmation was received that action had been taken to address this with ongoing monitoring to ensure that infection prevention and control (IPC) best practice is adhered to.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Gail Donnell has been the manager in this home since 12 June 2024.

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

A system was in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. Review of accidents/incident records evidenced that two notifiable events had not been reported to RQIA. This was discussed with the manager who submitted these retrospectively following the inspection.

The home was visited each month by the registered person or a representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and available for review.

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	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Gail Donnell, 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	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 15 September 2026	The registered person shall ensure that wardrobes are secured to the wall for safety and a review of all other freestanding furniture is completed and secured where necessary. Ref: 3.3.4
	Response by registered person detailing the actions taken: Completed.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (May 2026)	
Area for improvement 1 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 15 September 2026	The registered person shall ensure that there is an adequate supply of pedal bins throughout the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: Completed
Area for improvement 2 **Ref:** Standard 27.1 **Stated:** First time **To be completed by:** 8 November 2026	The registered person shall ensure that the identified bath is repaired/replaced and a review of all wash hand basins and fixtures throughout the home is completed and repaired/replaced where necessary. Ref: 3.3.4
	Response by registered person detailing the actions taken: Review completed. Follow up where necessary completed. Bath to be repaired within next 14 days.

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

The Regulation and Quality Improvement Authority

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