



## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** Fairfields Care Centre (1445)

**Date of Inspection:** 16 February 2015

**Inspector's Name:** Heather Moore

**Inspection ID:** IN016534

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

**1.0 GENERAL INFORMATION**

<b>Name of Home:</b>	Fairfields Care Centre
<b>Address:</b>	80a Fairhill Road Cookstown BT80 8DE
<b>Telephone Number:</b>	028 8676 6294
<b>E mail Address:</b>	zeana.watson@carecircle.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Care Circle Ltd Mr Ciaran Sheehan
<b>Registered Manager:</b>	Ms Zeana Watson (Registration Pending)
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Zeana Watson
<b>Categories of Care:</b>	NH-I, NH-DE, NH-PH, NH-MP (E) ,NH-LD (E), RC-I
<b>Number of Registered Places:</b>	70
<b>Number of Patients and Residents Accommodated on Day of Inspection:</b>	68    31 - NH-I 28 - NH-DE 9 - RC (Two patients in hospital on day of inspection)
<b>Scale of Charges (per week):</b>	£581.00 - £624.00 - Nursing £461.00 - Residential
<b>Date and Type of Previous Inspection:</b>	04 August 2014 Primary Announced
<b>Date and Time of Inspection:</b>	16 February 2015: 8.15am to 1.15 pm
<b>Name of Lead Inspector:</b>	Heather Moore

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS / PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with the manager
- Discussion with staff
- Discussion with patients /residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

## 5.0 Consultation Focus

During the course of the inspection, the inspector spoke with:

Patients/Residents	<b>10 individually and to others in groups</b>
Staff	<b>10</b>
Relatives	<b>Two</b>
Visiting Professionals	<b>0</b>

## 6.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

### STANDARD 19 - CONTINENCE MANAGEMENT

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Fairfields Care Centre is a two storey purpose built home situated in its own beautifully landscaped grounds off the Fairhill Road, Cookstown. The home was re-registered by the current owners on 30 July 2009.

The home is owned and operated by Care Circle Limited, Mr Ciaran Sheehan.

The current manager is Ms Zeana Watson (pending registration with RQIA).

The home is currently registered to provide nursing and residential care in the following categories:

NH - I Old and infirm not falling within any other category  
 NH - DE Dementia nursing  
 NH - PH Physical disability other than sensory impairment  
 NH - MP (E) Mental disorder excluding learning disability or dementia - over 65 years  
 NH - LD (E) Learning disability over 65 years  
 RC - I Old age not falling within any other category.

The administrator's office and nurses' station are located at the entrance to the home and an impressive reception area with space for relaxation is adjacent to this area.

Bedroom accommodation is provided on both floors with the majority of bedrooms having en-suite facilities which are completed to a high standard.

Catering and laundry facilities are located on the ground floor and communal lounges and sanitary facilities are interspersed throughout the home. The laundry facilities had been extended to provide suitable space for the holding of soiled linen. En-suites facilities had been provided in four bedrooms since the previous inspection. Dining areas are available on both floors and hairdressing rooms and small kitchenettes for use by patients and residents and relatives are located on both floors.

The grounds around the home were well landscaped and enclosed garden areas are available for patients and residents use. There is adequate car parking facilities in the grounds of the home.

## 8.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Fairfields Care Centre. The inspection was undertaken by Heather Moore on 16 February 2015 from 8.35 am to 1.15 pm.

The inspector was welcomed into the home by Ms Bronagh McGlinchey, Registered Nurse. Ms Zeana Watson, Manager was also available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to the manager at the conclusion of the inspection.

Ms Zeana Watson has as yet not been registered with the RQIA and for the purposes of the report shall be referred to as the manager.

During the course of the inspection, the inspector met with patients and residents, two visiting relatives, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 04 August 2014 two requirements and seven recommendations were issued. These were reviewed during this inspection. The inspector evidenced that the two requirements were complied with, three recommendations were addressed, three recommendations were not complied with and one recommendation was substantially compliant. Therefore four recommendations have been restated for the second time.

Discussion with the manager, a number of staff, patients and residents and review of three patients care records.

Staff were trained in continence care on induction the manager informed the inspector that further training on Continence Awareness is programmed for 24 March 2015. One registered nurse was trained in male catheterisation. Currently discussions are ongoing with the manager and staff in the nomination of a named person to manage continence care in the home.

Patients and residents who were incontinent are reviewed on a monthly basis and the findings acted upon to enhance continence management in the home.

The inspector can confirm that based on the evidence reviewed, presented and observed that the level of compliance with this standard was assessed as substantially compliant.

The inspector would like to thank the patients, and residents, visiting relatives, manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

## 9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20(1)(c)(i)	<p>It is required that Senior staff as appropriate be trained in supervision and appraisal. The registered person shall ensure that the persons employed to work at the nursing home receive appraisal.</p> <p><b>Follow up to previous issues</b></p>	<p>Discussion with the manager and examination of records confirmed that senior staff had received training in supervision and appraisal on 8 January 2015. Further training is also planned for 24 February 2015.</p> <p>Examination of records confirmed that a number of staff had received appraisal.</p>	Compliant
2	20(2)	<p>The registered person shall ensure that patients working at the nursing home are Appropriately supervised.</p> <p><b>Follow up to previous issues</b></p>	<p>Discussion with the manager and examination of records confirmed that registered nurses had received supervision; care staff had also received group supervision.</p> <p>The manager informed the inspector that systems were in place for individual supervision of all staff.</p> <p>To be monitored at forthcoming inspections.</p>	Compliant



No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended that the patients' pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention. <b>Follow up to previous issues</b>	Inspection of three patients care records confirmed that the patients' pressure relieving equipment in use on patients' beds and when sitting out of bed was not addressed in patients' care plans on pressure area care and prevention.  <b>Restated</b>	Not Compliant
2	5.2	It is recommended that written evidence is maintained in patients' and residents' care records to indicate that discussions had taken place with patients, residents, and their representatives in regard to planning and agreeing nursing interventions.	Inspection of three patients/residents care records revealed that two care records contained written evidence that discussions had taken place with patients, residents, and their representatives in regard to planning and agreeing nursing interventions.  <b>Restated</b>	Substantially Compliant
3	5.3	It is recommended that a pain assessment be maintained in patients' and residents' care records. (if applicable) <b>Follow up to previous issues</b>	Inspection of three patients care records revealed the absence of pain assessments. One patient had a specific care plan on pain; however no pain assessment was available.  <b>Restated</b>	Not Compliant

4	12.10	It is recommended that patients' recommended daily fluid targets and the action to be taken if these targets are not achieved be recorded in patients' care plans on eating and drinking.	Inspection of one identified patient's care record confirmed that the patient's recommended daily fluid target was recorded and the action to be taken if the target was not achieved was recorded in the patient's care plan on eating and drinking.	Complaint
5	5.2	It is recommended that infection control assessments be undertaken for patients and residents with outcomes incorporated into care plans. <b>Follow up to previous issues</b>	Inspection of three patients care records revealed the absence of infection control assessments.  <b>Restated</b>	Not Compliant
6	28.1	It is recommended that the template used to undertake care staff induction programmes be reviewed to address pressure area care and prevention.	Inspection of records confirmed that the template used to undertake care staff induction programmes was reviewed to address pressure area care and prevention.	Compliant
7	25.12	It is recommended that reports of the Regulation 29 reports be signed by the person undertaking the visit.	Inspection of a sample of Regulation 29 reports confirmed that the reports were signed by the person undertaking the visit.	Compliant

**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

There were no issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

## 10.0 Inspection Findings

### STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.

Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of three patients'/residents' care records revealed that bladder and bowel continence assessments were undertaken for these patients and residents. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate. However inspection of one resident's care record confirmed that the resident's care plan was not reviewed since 24 December 2014. A requirement is made in this regard.</p> <p>The promotion of continence, skin care, fluid requirements and patients' and the resident's dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients and residents were referred to their GPs as appropriate. Review of three patients' care records revealed that there was no written evidence in one patient's care record which indicated that discussion had taken place between the nurse, patient/resident and their relatives' involvement in developing and agreeing care plans. A restated recommendation is made in this regard.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p>	Moving Towards Compliance
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	
Inspection Findings:	
<p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> <li>• continence management / incontinence management</li> <li>• stoma care</li> </ul>	Substantially Compliant

<ul style="list-style-type: none"> <li>• catheter care.</li> </ul> <p>The inspector can also confirm that the following guideline documents were not in place;</p> <ul style="list-style-type: none"> <li>• Nice Guidelines on Faecal incontinence</li> <li>• Nice Guidelines on urinary incontinence.</li> </ul> <p>A recommendation is made that these guidelines be accessible to staff.</p>	
<b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Not applicable.	Not Applicable
<b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Discussion with the registered manager and review of the staff training records revealed that staff were trained in continence care on induction. Discussion with the registered manager revealed that further training on continence awareness was planned for the 24 March. One registered nurse had also received training in male catheterisation on 4 April 2014.</p> <p>Currently in the home there was one resident that required assistance with stoma appliances discussion with staff confirmed that staff were able to access the stoma specialist nurse for further specialist assistance if required.</p> <p>A senior registered nurse informed the inspector that discussions had been undertaken in the home to nominate a named person to manage continence care in the home.</p> <p>The senior registered nurse also informed the inspector that all patients and residents who were incontinent were assessed on a monthly basis to ensure that continence management was managed appropriately.</p>	Compliant

<p><b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b></p>	<p><b>Substantially Compliant</b></p>
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## **11.0 Additional Areas Examined**

### **11.1 Care Practices**

During the inspection the staff were noted to treat the patients and residents with dignity and respect. Good relationships were evident between patients, residents and staff.

Patients and residents were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' and residents' requests promptly.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

### **11.2 Patients' and Residents' and Relative's Comments**

During the inspection the inspector spoke to 10 patients and residents individually and to others in groups. A number of patients and residents were unable to express their views verbally. These patients and residents indicated by positive gestures that they were happy living in the home.

Examples of patients' and residents' comments were as follows:

- "I am very happy here."
- "It's perfect."
- "I have no complaints."
- "The food is very good here; we always have a choice of food."

The inspector spoke to two relatives during the inspection process.

Example of the relative's comments was as follows:

- "The care here is excellent, I have no problems."
- "The staff are all very good."

### **11.3 Staffing/Staff Comments**

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home.

The inspector spoke to a number of staff during the inspection. No issues or concerns were raised.

Examples of staff comments were as follows:

- "I feel that the standard of care here is good."
- "I am very happy in my work the residents are all well looked after."
- "We always have enough continence products."

#### **11.4 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required: this may include an inspection of the home.

The inspector reviewed the complaints record. This evidenced that one complaint was recorded since the previous inspection; this complaint is currently being investigated.

#### **11.5 Environment**

The inspector undertook a tour of the premises and viewed the majority of the patients' and residents' bedrooms, sitting areas, dining rooms, bathroom, and shower and toilet facilities.

The home was found to be clean warm and comfortable with a friendly and relaxed ambience. However a requirement is made that the identified patients' bedrooms are repainted.



## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Zeana Watson, Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Heather Moore**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



## Quality Improvement Plan

### Unannounced Secondary Inspection

Fairfields Care Centre

16 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Zeana Watson, Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005**

<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	16 (2)	The registered person shall ensure that patients and residents care plans are reviewed monthly or more often if deemed appropriate.  <b>Ref:19.1 Section10</b>	One	Care plans have been checked and updated accordingly. reviews will take place once a month or more often as deemed appropriate.	One Week
2	27 (2) (d)	The registered person shall ensure that the identified patients bedrooms are repainted  <b>Ref:Section11 point 11.5 (Additional Areas Examined)</b>	One	Following the inspection 3 bedrooms within the home have been fully repainted and 13 bedrooms have been touched up where needed. Decorating of bedrooms is undertaken on a cyclical basis within the home as necessary or if required in advance of any new admission.	Three Months

**Recommendations**

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.3	It is recommended that the patients' pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention.  <b>Ref: Follow up to previous issues</b>	Two	Staff nurses have been made aware of residents who require pressure relieving equipment for this to be reflected in care plans	One Week
2	5.2	It is recommended that written evidence is maintained in patients and residents care records to indicate that discussions had taken place with patients, residents, and their representatives in regard to planning and agreeing nursing interventions.  <b>Ref:19.1</b>	Two	Letters issued to all next of kin for them to specify if they wish to be involved in aspects of care planning. These are filed in care records upon reply from next of kin. This will be ongoing within the care review process.	One Month
3	5.3	It is recommended that a pain assessment be maintained in patients and residents care records.  <b>Ref: Follow up to previous issues</b>	Two	Abey pain scale to be incorporated into all residents care plans as appropriate. Evaluation to take place monthly or more often as deemed appropriate.	One Week

4	5.2	It is recommended that infection control assessments be undertaken for patients and residents with outcomes incorporated into care plans. <b>Ref: Follow up to previous issues</b>	Two	Assessment tool to be implemented in all residents care plans and evaluated on a monthly basis or when required to reflect any changes to residents needs.	One Month
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Zeana Watson
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Ciaran Sheehan

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	Heather Sleator	14/04/2015
Further information requested from provider			