



The **Regulation** and
Quality Improvement
Authority

Inspector: Norma Munn
Inspection ID: IN022869

Fairfields Care Centre
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**Unannounced Care Inspection
of
Fairfields Care Centre**

25 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 25 May 2015 from 10.30 to 17.50.

This inspection was undertaken in response to four complaints received by RQIA. Information was received by RQIA on 23 April 2015, followed by three further complaints on 15 May 2015, 18 May 2015 and 19 May 2015. The concerns were in relation to staffing arrangements, poor standard of personal care and the management of the home.

Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

For the purposes of this report, the term 'patients' will be used to describe those living in Fairfields which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 16 February 2015.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding the use of restrictive practice, provision of food and fluids, management of complaints, staffing arrangements and meeting patients' needs was issued to Rosaleen McGlone, nurse in charge, Chris Walsh, business support manager and Ciaran Sheehan, registered person at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

As a result of the inspection, RQIA were concerned that the quality of care and service within Fairfields was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting with Ciaran Sheehan, registered person. The inspection findings were communicated in correspondence to Ciaran Sheehan and a meeting took place at RQIA on 1 June 2015.

The meeting was attended by Ciaran Sheehan, registered person and Chris Walsh, business support manager for Care Circle Ltd. An action plan to address the identified deficits had been submitted to RQIA prior to the meeting. At the conclusion of the meeting it was agreed that copies of the monthly monitoring reports, completed by or on behalf of the registered person, are to be submitted to RQIA until further notice.

A follow-up monitoring inspection will be undertaken to monitor the progress made.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with Rosaleen McGlone, nurse in charge, Chris Walsh, business support manager and Ciaran Sheehan, registered person as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Care Circle Limited Ciaran Henry Sheehan	Registered Manager: Zeana Watson
Person in Charge of the Home at the Time of Inspection: Rosaleen McGlone	Date Manager Registered: Zeana Watson – application received and ‘registration pending’.
Categories of Care: NH-MP(E), NH-LD(E), RC-DE, RC-I, NH-DE, NH-I, NH-PH	Number of Registered Places: 70
Number of Patients Accommodated on Day of Inspection: 64	Weekly Tariff at Time of Inspection: £593 - £643

3. Inspection Focus

The first anonymous concern was received by RQIA on 23 April 2015 and was referred to the registered person, Ciaran Sheehan to investigate. However, three complaints from relatives were subsequently received by RQIA on 15 May 2015, 18 May 2015 and 19 May 2015.

The concerns raised were in relation to:

- Staffing Arrangements
- Personal Care
- Care Practices
- Management of the home

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential 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.

Following discussion with senior management, it was agreed that an inspection would be undertaken to review the following areas:

- Staffing Arrangements
- Personal Care
- Care Practices
- Management of the home

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 23 patients, six care staff, three nursing staff and four patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff duty rotas
- four patient care records
- complaints record
- pain assessments
- repositioning charts
- food and fluid intake charts
- staff induction records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 25 March 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2)	The registered person shall ensure that patients and residents care plans are reviewed monthly or more often if deemed appropriate.	Carried forward for review at the next care inspection
	Action taken as confirmed during the inspection: Care plan reviews were not inspected during this inspection. This requirement will be carried forward for review at the next care inspection.	

Requirement 2 Ref: Regulation 27 (2) (d)	The registered person shall ensure that the identified patients' bedrooms are repainted.	Met
	Action taken as confirmed during the inspection: Inspector was unable to confirm the location of the bedrooms identified due to the absence of the registered manager. However, discussion with staff and a review of the returned QIP confirmed that the bedrooms have been redecorated.	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 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.	Met
	Action taken as confirmed during the inspection: Review of two care plans of patients who require pressure cushions evidenced the use of specialised cushions.	
Recommendation 2 Ref: Standard 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.	Not Met
	Action taken as confirmed during the inspection: Four care records inspected did not contain evidence that patients and/or their representatives had been involved in discussion in relation to the use of restraint. This recommendation has not been met and has been stated as a requirement in relation to the overall management of restraint.	
Recommendation 3 Ref: Standard 5.3	It is recommended that a pain assessment be maintained in patients and residents care records.	Met
	Action taken as confirmed during the inspection: Review of two patients' care records evidenced the use of the "Abbey Pain Scale" assessment tool.	

Recommendation 4 Ref: Standard 5.2	It is recommended that infection control assessments be undertaken for patients and residents with outcomes incorporated into care plans.	Met
	Action taken as confirmed during the inspection: Review of a patient's care record evidenced an infection control assessment had been updated and a care plan was in place to manage the infection.	

5.3 Areas Examined

Staffing Arrangements

Information from complaints received by RQIA indicated that staffing levels had been decreased recently and outlined concerns at the impact this was having for staff to meet patients' needs.

On the day of the inspection 23 patients were consulted and no concerns were raised regarding their care. However, three relatives raised concerns regarding staffing levels and the lack of supervision of patients. Eight out of nine staff consulted expressed their concern at the reduced staffing levels and the impact this was having on the needs of the patients within the home. Staff indicated that morale was low, several staff had resigned and others were intending to resign.

A review of the duty rota for the day of the inspection indicated a full complement of staff was on duty. However, the delivery of care and level of supervision of patients was inadequate.

Observation during the inspection evidenced the use of restrictive practice, personal care needs not being adequately met, poor provision and management of food and fluids, repositioning charts not being completed and there was a lack of leadership and governance management within the home.

The business support manager and the registered person discussed the recent staff resignations and the difficulties recruiting new staff and explained that the home had been using agency staff to address the nurse shortages. Assurances were given that staffing levels and the deployment of staff would be reviewed to meet the needs of the patients within the home.

A review of the staff duty rotas for week commencing 4 May 2015, 11 May 2015 and 18 May 2015 was undertaken. The review identified several shifts where numbers of staff had been significantly reduced. The skill mix of at least 35% registered nurses and up to 65% care assistants had not been maintained.

Personal Care and Care Practices

Four patients were observed seated in chairs with lap belts in place restricting their movement. Discussion with staff indicated that the patients identified were at risk of falling and there was insufficient staff to observe these patients and ensure their safety.

Care plans for the use of restraint were not in place. Therefore, there was no record to support decision making processes including the arrangements for ongoing review and evidence that appropriate action had taken place to meet the patients' needs. There was no evidence to support that the multi-disciplinary team and patients and/or their representatives had been consulted in relation to the use of restricted practice as outlined in best practice.

Several patients within the nursing unit and residential unit were well presented with their clothing suitable for the season. However, concerns were identified regarding the personal care and care practice provided by staff to patients in the dementia unit. Patients were observed wearing soiled clothing, two patients had unclean fingernails and two gentlemen were not shaved.

The review of repositioning charts for two patients on continuous bed rest did not evidence that the records had been completed in a timely manner. Discussion with staff indicated that they complete their repositioning charts at the end of their shift due to time constraints.

Food and Fluids

The serving of the mid-morning tea break for patients in the dementia unit was observed and records for fluid intake were reviewed. A choice of fluids was not being offered to patients and patients requiring a specialist diet were not offered food during the mid-morning break.

Staff were observed handing patients plain biscuits without the use tongs or plates. This practice is not in adherence to good food hygiene principles.

Several patients were identified as being at risk of dehydration. However, discussion with staff indicated that fluid records were only maintained for patients who were prescribed antibiotics.

The quality of food, menu choice and the dining experience for patients was not in accordance with the "Nutritional guidelines and menu checklist for Residential and Nursing Homes" 2014.

Infection Prevention and Control

During a tour of the environment a substantial amount of soiled laundry was observed to be on the floor of the sluice room. Discussion with staff indicated that they did not use the laundry bags provided as they did not have sufficient time to collect these from the laundry area. This practice is not in keeping with infection prevention and control guidance.

Management of the home

On the day of the inspection the manager was not on duty. Discussion with staff indicated that the deputy manager had recently resigned along with other staff. Three relatives raised concern during the inspection regarding the lack of leadership in the home. Several staff discussed the lack of support for newly recruited staff. Discussion with staff revealed that new care staff had taken up posts recently and had not been fully inducted into their role. Review of the personnel files of two care staff recently recruited in April did not have a completed induction in place.

During the inspection relatives informed the inspector they had little or no communication from the manager of the home. One relative discussed a complaint which had been made involving laundry. The complainant had met with management to discuss the issue however the complainant stated there had been no further communication from management regarding the concerns raised. The complainant felt that management were not adhering to the home's complaints policy. Review of the complaints record did not evidence this complaint. One complaint had been recorded since 2011. This complaint was dated January 2015 and had not been fully investigated, actioned or followed up.

During the inspection there was no evidence of the effective promotion of nursing care which includes robust systems for reviewing, at appropriate intervals the quality of nursing and other services provided by the home. There was no evidence to support that systems were in place, and monitored, in respect of the use of restrictive practice, adherence to infection control guidelines, nutrition and hydration and the personal care afforded to the patients in the home.

The overall leadership and governance/management arrangements in the home must be reviewed to ensure, at all times, The Nursing Home Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015 are embedded into practice and the day to day management of the home.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rosaleen McGlone, nurse in charge, Chris Walsh, business support manager and Ciaran Sheehan, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 14 (5) Stated: First time To be Completed by: Immediate from the date of the inspection	<p>The registered person must ensure that patients are not restrained unless as a last resort and agreed by a multi-disciplinary team and recorded in accordance with best practice guidance on restraint.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New restraint policy has been approved and issued to the home. A review took place of all restrictive practices and a restraint register has been compiled. Care plans have been reviewed and updated for all necessary residents. A consultation document has been created and has been signed by all next of kin or the resident themselves. This is the case for all types of restrictive practices to include, bedrails, lapstraps, crash mats, sensor mats and tilting chairs. "Lets talk about Restraint guidance (RCN)" is available in the home.</p>
Requirement 2 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be Completed by: Immediate from the date of the inspection	<p>The registered person must ensure that the treatment and other services provided to each patient meets their needs and reflects current best practice in relation to:</p> <ol style="list-style-type: none"> 1. Personal Care 2. Repositioning of patients <p>Response by Registered Person(s) Detailing the Actions Taken: 1. A new personal care chart has been introduced to the home and the nursing staff are responsible for overseeing the provision of personal care to the residents. 2. A new repositioning chart as been considered for use in the home which will make the documentation more efficient and timely</p>

<p>Requirement 3</p> <p>Ref: Regulation 12 (4) (b) (c) (d) and (e)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</p>	<p>The registered person must review the menu choice and the serving of food and fluids in accordance with the 'Nutritional guidelines and menu checklist for residential and nursing homes' 2014. The registered person must ensure:</p> <ol style="list-style-type: none"> 1. A choice of fluids is available to all patients at regular intervals 2. A choice of food is available to patients, including those who require a specialised diet at regular intervals 3. Handling of food is in keeping with food hygiene principles 4. Patients at risk of dehydration have their fluid intake recorded <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <ol style="list-style-type: none"> 1. More choice available on trolleys in the home including tea, coffee, hot and cold drinks. Fluid balance charts evidence that fluids are offered regularly. 2. a review of the therapeutic diets and tea times was undertaken and additional provisions made. A rolling rota of snack menus will be devised by the kitchen. 3. Food handling utensils will be available for the delivery of snacks at teatime. 4. A hydration assessment has been carried out on all residents in the home. Care plans and additional documentation has been created for all residents with an assessed need. <p>There has been a questionnaire sent to all relatives in regard to the nutritional provision in the home. An external review is being carried out in regard to all catering. Choice of therapeutic diets has been carried out.</p>
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<p>Requirement 4</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</p>	<p>The registered person must ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients; to make proper provision for the nursing and where appropriate, treatment and supervision of patients in relation to the following:</p> <ol style="list-style-type: none"> 1. Dementia care practice 2. The management of restrictive practice 3. The management of infection prevention and control 4. Nutrition and hydration needs 5. Personal care needs 6. The management of Complaints <p>Response by Registered Person(s) Detailing the Actions Taken: Training has begun on the management of restrictive practice by the company trainer. This training also includes training on nutrition and hydration needs and personal care needs. Infection prevention and control dates are booked with the first on the 7th July 2015. Complaint policy is under review and will be issued along with guidance to all staff. At present all complaints or areas of concern are raised to nursing staff and documented in the complaint book. Deputy Managers review this book twice a week. Nurses are aware of the need to supervise care and Deputy Managers are in place for additional supervision and support.</p>
<p>Requirement 5</p> <p>Ref: Regulation 16 (2)</p> <p>Stated: Carried forward from the previous care inspection</p> <p>To be Completed by: Ongoing</p>	<p>The registered person shall ensure that patients and residents care plans are reviewed monthly or more often if deemed appropriate.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff have been made aware that care plans and risk assessments must be completed monthly or more often if necessary.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 41.4</p> <p>Stated: First time</p> <p>To be Completed by: 22 June 2015</p>	<p>The registered person shall ensure that a minimum skill mix of at least 35% registered nurses and up to 65% care assistants is maintained over 24 hours.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A staffing review has taken place and the staffing levels have been agreed to ensure a 35% nursing ratio is maintained with additional staff available for residential in the evening and night duty.</p>

Recommendation 2 Ref: Standard 16 Stated: First time To be Completed by: 22 June 2015	The registered person shall ensure that a record is kept of all complaints to include details of : 1. All communications with complainants 2. The result of any investigations 3. The action taken 4. The outcome of the complaint		
	Response by Registered Person(s) Detailing the Actions Taken: This has been fully actioned and all complaints are now recorded with actions and outcomes. Senior staff and Deputy Managers review this twice a week. A new policy is being reviewed for putting into practice.		
Recommendation 3 Ref: Standard 39 Stated: First time To be Completed by: 22 June 2015	The registered person shall ensure that all newly appointed staff complete a period of induction and records are maintained.		
	Response by Registered Person(s) Detailing the Actions Taken: The company trainer has been offered time in the home to review the induction processes in place and to report to the Head of HR with any discrepancies that appear in the inductions. All new staff are offered an induction with the company trainer and a period of supervised and supported practice overseen by the Deputy Managers.		
Registered Manager Completing QIP	Bernie Neal and Patricia McDonald	Date Completed	15/07/15
Registered Person Approving QIP	Nuala Green	Date Approved	15/7/15
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	22/07/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address