

Unannounced Follow Up Care Inspection Report 10 May 2018



Fairfields Care Centre

Type of Service: Nursing Home (NH)
Address: 80a Fair Hill Road, Cookstown, BT80 8DE
Tel No: 028 8676 6294
Inspectors: Kieran McCormick & Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 70 persons.

3.0 Service details

Organisation/Registered Provider: Care Facilities & Management Ltd Responsible Individual(s): Mrs Barbara Haughey	Registered Manager: Philip McGowan
Person in charge at the time of inspection: Mr Phillip McGowan – Registered Manager	Date manager registered: 18/04/2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. Residential Care (RC) I – old age not falling within any other category	Number of registered places: 70 comprising: 28 patients in category NH-DE, 33 patients in categories NH-I/NH-PH, no more than 1 patient in category NH-MP(E) and 1 identified patient in category NH-LD(E). The home is also approved to provide care on a day basis for 5 persons. There shall be a maximum of 3 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 10 May 2018 from 09.30 to 14.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised following the last care inspection on 30 January 2018.

The term 'patients' is used to describe those living in Fairfields Care Centre which provides both nursing and residential care.

A further inspection will be undertaken to validate sustained compliance and drive necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

The findings of this report will provide the Fairfields Care Centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	1*

*The total number of areas for improvement include one which has been stated for a second time and which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Phillip McGowan, registered manager and Miriam Smith, acting deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit
- information received from the commissioning Trust

During the inspection the inspector met with five patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives.

A poster was also displayed for staff inviting them to provide feedback to RQIA via an online survey. A poster informing visitors to the home that an inspection was being conducted was displayed in the front reception area of the home.

The following records were examined during the inspection:

- a selection of governance audits relating to care and the environment
- a sample of patient care charts including food and fluid intake charts
- RQIA registration certificate
- certificate of employers liability
- fire safety records

- staff duty rotas from 2 April – 6 May 2018
- staff training records
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.	Met
	Action taken as confirmed during the inspection: No concerns regarding infection prevention and control practices were observed during the course of this inspection.	
Area for improvement 2 Ref: Regulation 20 (1) (i) Stated: Second time	The registered person shall ensure the identified safeguarding champion for the home has completed the necessary training for the role and the regional procedures of July 2015 are embedded into practice in the home.	Met

	<p>Action taken as confirmed during the inspection: The training certificate was displayed and evidenced that training had been completed in March 2018.</p>	
<p>Area for improvement 3 Ref: Regulation 27 (4) Stated: Second time</p>	<p>The registered person must ensure that fire safety procedures are in accordance with legislation including:</p> <ul style="list-style-type: none"> the provision and maintenance of personal emergency evacuation plans for patients (PEEP's) the recommendations of the fire risk assessors report are addressed in a timely manner 	Met
	<p>Action taken as confirmed during the inspection: A sample of PEEP's were reviewed during the course of this inspection. A PEEP's overview matrix was also completed monthly and signed off by the home manager.</p>	
<p>Area for improvement 4 Ref: Regulation 27 (4) (f) Stated: Second time</p>	<p>The registered person must ensure that fire safety procedures are in accordance with legislation including:</p> <ul style="list-style-type: none"> ensure, by means of fire drills and practices at suitable intervals, that the persons working in the nursing home and, so far as practicable, patients, are aware of the procedure to be followed in the event of fire. <p>Evidence must be present that staff had completed the required attendance at fire safety awareness training on a minimum of two occasions per year.</p>	Met
	<p>Action taken as confirmed during the inspection: Records reviewed evidenced that a weekly fire alarm check is completed. In addition a monthly fire drill is conducted by the registered manager, records of those staff in attendance are maintained. A matrix is also maintained of those staff that have attended a fire drill throughout the year. Fire training for staff was noted to be 92% compliant with further training planned for May and June 2018.</p>	

<p>Area for improvement 5</p> <p>Ref: Regulation 10</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that effective quality monitoring and governance systems are implemented. For example; robust quality audits regarding the following should be present:</p> <ul style="list-style-type: none"> • infection prevention and control • fire safety • the environment 	Met
<p>Action taken as confirmed during the inspection:</p> <p>Records reviewed provided assurance that governance arrangements were in place regarding the above areas.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that training is provided for staff in relation to:</p> <ul style="list-style-type: none"> • the management of behaviours that challenge • the care planning process (for registered nurses) • deprivation of liberty in dementia care 	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of training records evidenced that training had been commissioned for staff in the above subjects. This training had not been provided to all relevant staff however the inspector was assured that further training was planned for throughout the year, compliance will be again assessed at the next care inspection.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 35.6</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the auditing of patient care records is completed in a systematic, consistent and robust manner. Where shortfalls are identified evidence should be present that the shortfall has been addressed and validated by the registered manager.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A sample of care record audits were available for review, audits evidenced an action plan</p>		

	appended to each audit for completion by the named nurse, and a date of expected completion was recorded.	
Area for improvement 2 Ref: Standard 22.10 Stated: Second time	The registered person shall ensure that falls/accidents that occur in the home are reviewed and analysed on a monthly basis to identify any patterns or trends and that the appropriate action is taken.	Met
	Action taken as confirmed during the inspection: The inspectors reviewed evidence of audits pertaining to falls and accidents from January to April 2018. Any trends or patterns identified were commented on in the summary of the audit.	
Area for improvement 3 Ref: Standard 25 Stated: First time	The registered person shall ensure that the dining experience for persons living with dementia is a relaxed, pleasurable experience and in accordance with best practice in dementia care.	Partially met
	Action taken as confirmed during the inspection: A suitable menu appropriate to the needs of those living with dementia was not displayed on the day of inspection. Staff were observed standing over patients whilst assisting them with their meal and records for those patients on a puree diet did not provide assurances that a choice was offered. This area for improvement has not been met and will be stated for a second time.	
Area for improvement 4 Ref: Standard 41 Stated: First time	The registered person shall ensure the hours and capacity worked by the registered manager are recorded on the staff duty rota.	Met
	Action taken as confirmed during the inspection: A review of a sample of staff duty rotas evidenced the recording of the hours worked by the registered manager.	
Area for improvement 5 Ref: Standard 35.7	The registered person shall ensure that the Regulation 29 monthly quality monitoring report is not a retrospective report.	

Stated: First time	<p>Action taken as confirmed during the inspection:</p> <p>A review of regulation 29 reports for February to March 2018 evidenced that recorded information was not consistently completed in 'real time' where relevant. Gaps in the reports were also noted, reports lacked meaningful detail to provide assurances of a robust visit having been completed. Action plans were not consistently referred to for closure or completion of actions in subsequent visits.</p> <p>This area for improvement has not been met and will be subsumed into an area for improvement under regulation.</p>	Not met
---------------------------	--	----------------

6.3 Inspection findings

On the day of inspection there were 69 patients in the home. A number of concerns were identified in relation to the following:

6.3.1 Storage of medications

We observed on the day of inspection prescribed enteral feeds, along with prescribed consumables had not been securely stored, throughout the course of the inspection. We also observed disposal waste buckets unsupervised in a corridor area, upon inspection one of the boxes was noted to have medications still inside which could have been easily retrieved. An area for improvement under the regulations, was made.

Areas for improvement

An area for improvement has been made regarding the safe storage and custody of prescribed medicines at all times.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.2 Nurse call system

During discussions with patients the inspectors were informed that the nurse call system within a certain area of the home was out of service and had been for the three days prior to inspection, this had raised some anxiety for patients. In addition we observed a nurse call cord disconnected and lying on the floor in one of the bathrooms and in another bathroom the cord tied up above the bath. These matters were discussed with the home manager and assurances about how this was being managed were provided. The day after the inspection RQIA were notified, in writing, that the nurse call system had been repaired and was fully functional.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Estates

We observed that a number of estate changes had been made in the home. These changes had not been submitted for approval to RQIA via a variation request. This was discussed with the registered manager who agreed to escalate to the registered provider. Concerns were also forwarded to the estates inspector for their follow up. Since inspection variations have now been received by RQIA for approval.

Areas for improvement

An area for improvement has been made regarding the completion of a variation submitted to RQIA prior to any estate changes taking place.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.4 Environment, furniture and COSHH

We observed a number of environment concerns this included an identified bathroom where there was a strong malodour, flooring in a poor state of repair in an identified toilet area and laminate on bedside tables noted to be off or coming off. We also observed in the beauty salon liquids available that were potential hazardous and not securely stored in accordance with COSHH guidelines.

Areas for improvement

An area for improvement has been made regarding the environmental and COSHH concerns.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.5 Meal time experience

During the course of the inspection we spent some time observing the mealtime experience. It was noted that improvements in practice had been made since the last inspection however on the day the menu was not displayed or available in a format appropriate to individual patient need. Staff were observed during the lunchtime experience standing over residents whilst assisting them with their meal. Records reviewed did not appear to offer a choice for those residents requiring a pureed diet. The matters were discussed with the registered manager for their attention.

Areas for improvement

An area for improvement has been stated for a second time regarding the mealtime experience.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Phillip McGowan, registered manager and Miriam Smith, acting deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the Regulation 29 monthly quality monitoring report is not a retrospective report and that the report is completed in full with meaningful detail to provide assurances of a robust visit having been completed. Action plans should be completed where areas for action are identified and should be followed up at the next monthly visit.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: The registered person and registered manager have discussed the Regulation 29 visits. The reports will be a reflection of the day of visit. Action plan will be discussed and the results will form part of the following review.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that prescribed medicines are securely stored at all times in the home.</p> <p>Ref: Section 6.3.1</p>
	<p>Response by registered person detailing the actions taken: PEG feed store has now been fitted with a lock and spare boxes will be stored securely</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 32 (h)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that prior to the completion of any estate changes or alterations to the premises that approval must in the first instance be sought from RQIA.</p> <p>Ref: Section 6.3.3</p>
	<p>Response by registered person detailing the actions taken: The management team will ensure that alteration forms are completed prior to any changes</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the identified environmental, furniture and COSHH concerns observed during this inspection are addressed.</p> <p>Ref: Section 6.3.4</p>
	<p>Response by registered person detailing the actions taken: Shampoo in the hairdressing room will be stored in a secure cupboard.</p>

	Audit will be completed on furniture and where required replaced
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that the dining experience for persons living with dementia is a relaxed, pleasurable experience and in accordance with best practice in dementia care. This area for improvement should be reviewed in the context of the findings following this inspection.</p> <p>Ref: Section 6.3.5</p> <p>Response by registered person detailing the actions taken: Dining audits will continue and where necessary action planning will be identified and resolved</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews