

# Inspection Report

12 May 2022



## Fairfields Care Centre

Type of service: Nursing Home  
Address: 80a Fair Hill Road,  
Cookstown, BT80 8DE  
Telephone number: 028 8676 6294

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Care Facilities & Management Limited	<b>Registered Manager:</b> Mr Phillip McGowan
<b>Responsible Individual:</b> Mrs Barbara Haughey	<b>Date registered:</b> 18 April 2016
<b>Person in charge at the time of inspection:</b> Ms Eilis Bell, Deputy Manager 9.30 am -10.00 am Mr Phillip McGowan, Manager 10.00 am - 7.15 pm	<b>Number of registered places:</b> <b>70</b>  A maximum of 28 patients in category NH-DE in the Church and Spires units to include no more than 1 named patient in category NH-MP (E).  A maximum of 42 patients in categories NH-I/NH-PH in the Brook, Adelaide and Maine units.  The home is also approved to provide care on a day basis for 5 persons
<b>Categories of care:</b> 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. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 69
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Nursing Home which provides nursing care for up to 70 persons. The home operates two programmes of care; general nursing care on the ground floor and dementia care within two smaller units on the first floor. A range of bedroom accommodation, sitting rooms and dining rooms are located on both floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 May 2022 from 9.30am until 7.15pm. The inspection was carried out by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. One area for improvement in relation to staff recruitment has been stated for a second time. An area for improvement in relation to medicines management has been carried forward for review at a future inspection.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients 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. Patients' comments included "It couldn't be better. Staff are very good", "Everyone is friendly", "I have everything I need here" and "The staff are wonderful". There was no response to questionnaires from patients or relatives.

Staff said that the management team were very approachable, teamwork was great and that they felt well supported in their role. One staff member said: “There is great support from management” and a further staff member said “I love working here”. There was no feedback from the staff online survey.

One visitor was consulted with during the inspection; they commented positively about the care provided, communication, the manager and the staff. Comments included “I feel the patients are well cared for here” and “Staff are very friendly”.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 2 August 2021.		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated:</b> First time	The registered person shall ensure that all unwitnessed falls/potential head injuries are managed in line with best practice guidance and that neurological observations are consistently recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with management evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1) (2)  <b>Stated:</b> First time	The registered person shall ensure that detailed patient centred care plans are in place from each patient’s assessed needs. This is in relation to care plans for distressed reactions, the management of pain and diabetes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with management evidenced that this area for improvement had been met.	

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall investigate the non-administration of medicines due to stock supply issues identified at the inspection. A report of the findings and action taken to prevent a recurrence should be submitted to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of information received from the manager by RQIA pharmacy inspector evidenced that this area for improvement had been met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that medicines are available for administration as prescribed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time	The registered persons shall ensure that all relevant checks are in place prior to an offer of employment being made.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of staff recruitment files evidenced that this area for improvement had not been fully met and has been stated for a second time.  This is discussed further in section 5.2.1.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure a choice of gloves is available for use by staff depending on the care they are providing.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with staff evidenced that this area for improvement had been met.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered persons shall ensure that wound records are maintained in accordance with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with management evidenced that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and face to face to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

Review of two staff recruitment and induction files evidenced that a number of relevant checks were not in place prior to an offer of employment being made. Details were discussed with the Manager and an area for improvement has been stated for a second time.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients but that staffing levels can be affected with occasional short notice absenteeism. Staff said that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

The inspector reviewed three staff competency and capability assessments for the nurse in charge in the absence of the Manager and found these to be completed.

A record of staff supervision and appraisals was maintained by the Manager with staff names and the date that the supervision/appraisal had taken place.

Patients said that they felt well looked after and that staff were attentive. One patient commented "Staff are very good" and another patient referred to the staff as "Very friendly."



### 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they meet at the beginning of each shift to discuss any changes in the needs of the patients and that handovers provided them with detailed information. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. On review of repositioning records they were mostly well maintained. However, a number of gaps were identified within one patient's charts where they had not been repositioned as per their care plan. Following the inspection the Manager forwarded relevant information evidencing that the patient's position had been changed during other aspects of care delivery. The Manager further agreed to monitor the recording of repositioning within patients' charts going forward.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Care records were mostly well maintained and held confidentially; regularly reviewed and updated to ensure they continued to meet the patients' needs. A number of minor deficits were identified and discussed with the Manager who agreed to amend accordingly. Following the inspection the Manager provided written confirmation that relevant action had been taken to address this.

Review of a sample of care records specific to daily fluid intake evidenced inconsistencies in the recording of the recommended daily fluid target within recording charts and care plans. Care plans did not specify at what stage the General Practitioner (GP) should be contacted if the fluid target has not been achieved and the total volume of fluids consumed over a 24 hour period had not been recorded within patients' daily progress notes. Details were discussed with the Manager and an area for improvement was identified.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient and whilst most beds were neatly presented a number of beds were not

well presented by staff. This was discussed with the Manager who addressed this and agreed to communicate with relevant staff and to monitor during daily walk arounds going forward.

Whilst the majority of fire exits were kept clear the location of a sofa in a foyer area of the home was discussed with the Manager as a potential obstruction in the event of a fire evacuation. The Manager agreed to liaise with the fire risk assessor and to action any advice accordingly. It was further observed that three bedroom doors and an identified kitchenette door were either propped or held open preventing the doors from closing in the event of the fire alarm being activated. Details were discussed with management team and an area for improvement was identified.

Observation of the environment highlighted some areas in which razors, prescribed food supplements, thickening agents and cleaning chemicals were not securely stored; the importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting and care partner arrangements were managed in line with the Department of Health (DoH) and infection prevention and control (IPC) guidance.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including the appropriate wearing of face masks, personal protective equipment (PPE) and hand hygiene. Patient equipment and personal clothing were inappropriately stored within a number of communal bathrooms and a sluice room; wheelchairs had not been effectively cleaned and identified bed linen required laundering. Details were discussed with the Manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Patients commented positively about the food provided within the home with comments such as; "The food is very good", "Lots of choices" and "Food is nice."

During the inspection patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.



### 5.2.5 Management and Governance Arrangements

There has been no change to the Manager of the home since the last inspection. The Manager has submitted an application to register with RQIA as the Responsible Individual and to also remain as the Manager.

There was evidence that the Manager had an effective system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made.

The home was visited each month by the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	2*

\* The total number of areas for improvement includes one standard that has been stated for a second time and one regulation which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Phillip McGowan, Registered Manager and Ms Eilis Bell, Deputy 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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (2 August 2021)	The registered person shall ensure that medicines are available for administration as prescribed.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.  Specific reference to ensuring: <ul style="list-style-type: none"> <li>• that fire doors are not held/propped open</li> <li>• fire exits are kept clear.</li> </ul> Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The Registered Person has audited all self closures and replaced x 2 that had not been working therefore door was wedged. In addition staff have been reminded via a fire lecture on the importance of not placing equipment in a corridor which may affect a fire exit/door
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> During the inspection the Manger replaced/installed an additional 4 locks to ensure supplements in the dining areas were locked away from residents reducing the risk. An additional COSHH cupboard was also allocated in the Adelaide Kitchen to meet the improvement request. Staff have been advised that all wash materials including razors should be placed in a locked or high cupboard when a resident has completed their morning wash.

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all staff employed to work in the home are aware of and adhere to the infection prevention and control guidelines and best practice requirements.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Staff have had retraining in donning and doffing and IPC IPC (Trust) have been requested by the Manager to undertake a full IPC audit to provide an enhanced report on practice and any improvements required.

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered persons shall ensure that all relevant checks are in place prior to an offer of employment being made.  Ref: 5.1 and 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The registered manager has held a supervision session with the HR department staff and has outlined the requirements as set out in the standards. Monthly audits will be ongoing by the Home Manager
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that where a patient is at risk of dehydration care records include: <ul style="list-style-type: none"> <li>the recommended daily fluid target within the patients' fluid intake chart and care plan</li> <li>the action to be taken, and at what stage, if the recommended target is not met</li> <li>total fluid intake over 24 hours is recorded within the patients daily progress notes.</li> </ul> Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The recommended fluid intake is stated in the residents base level report. This however did not show in the care evaluations. The system has been adjusted so this figure will appear in the care plan. The staff can pull a fluid report daily which clearly identifies any resident in the home who has not met their base level. As per the local GP agreement of a resident has reduced fluid for 72 hours and is not acutely unwell, they should receive a general notification. This has been implemented in the care profile of the residents.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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