

Inspection Report

21 May 2024



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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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Care Facilities & Management Limited	Registered Manager: Mr Phillip McGowan
Responsible Individual: Mr Phillip McGowan	Date registered: 18 April 2016
Person in charge at the time of inspection: Mr Phillip McGowan, manager	Number of registered places: 70 A maximum of 28 patients in category NH-DE in the Church and Spires units to include no more than one named patient in category NH-MP(E) and one named patient in category NH-PH within Church unit. A maximum of 42 patients in categories NH-I/NH-PH in the Brook, Adelaide and Maine units. One named patient in category NH-LD to be accommodated in the Adelaide Unit. The home is also approved to provide care on a day basis for 5 persons.
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. PH – Physical disability other than sensory impairment. LD – Learning disability.	Number of patients accommodated in the nursing home on the day of this inspection: 68
Brief description of the accommodation/how the service operates: 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 21 May 2024 from 9.30 am until 4.35 pm. The inspection was carried out by two care inspectors.

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

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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

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 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 manager 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: "The staff are great here", "I love it here", "Getting well looked after" and "A smashing place". There was one questionnaire received from a relative. The respondent was very satisfied with the overall provision of care. Comments included: "Staff are caring and attentive" and "Long term staff are a great asset and helpful with new staff".

One patient expressed a level of dissatisfaction with a certain aspect of care delivery. Details were discussed with the manager to review and action as necessary.

Staff said that the management team were very approachable, teamwork was great and that they felt well supported in their role. Comments included: "I love my work", "Great support from manager" and "I really enjoy working here". There was no feedback from the staff online survey.

One visiting professional commented positively regarding the staff and delivery of care. They said that they had no concerns regarding the home and that the staff were friendly and supportive towards patients.

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 7 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: Second time	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"> • that fire doors are not held/propped open • fire exits are kept clear. 	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement had been met.	

Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: Second time	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 3 Ref: Regulation 27 (4) (b) (d) (v) Stated: First time	<p>The registered person shall ensure that the identified fire doors are repaired to close effectively.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>	
Area for improvement 4 Ref: Regulation 27 (2) (b) Stated: First time	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.</p>	Met
Area for improvement 5 Ref: Regulation 14 (2) (a) Stated: First time	<p>The registered person shall ensure that wardrobes are secured to the wall for safety.</p> <p>Action taken as confirmed during the inspection: Review of a sample of wardrobes and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 6 Ref: Regulation (27) (2) (b) (c) Stated: First time	<p>The registered person shall ensure that all windows are reviewed and fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool.</p>	Met

	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient requires pressure area care a care plan is implemented detailing the recommended frequency of repositioning which is recorded within the repositioning chart and reflective of the care plan.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager during and following the inspection, evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment: <ul style="list-style-type: none"> the care plan includes the recommended dressing type and frequency of dressing renewal wound assessment charts are fully completed following each dressing renewal and are reflective of the directions within the care plan. 	Partially met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager 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 5.2.2.	
Area for improvement 3 Ref: Standard 37 Stated: First time	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.	Met

	Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement had been met.	
Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure that quality governance audits specific to environmental audits contain the full audit cycle to ensure that any action required is addressed in a timely manner. Action taken as confirmed during the inspection: Review of a sample of audits and discussion with the manager evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.5.	Not met
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure that relevant maintenance checks are completed on a regular basis and monitored by management. Action taken as confirmed during the inspection: Review of a sample of maintenance records and discussion with the manager evidenced that this area for improvement had been met.	Met
Area for improvement 6 Ref: Standard 29 Stated: First time	The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection

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 fire safety and adult safeguarding.

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).

Review of a sample of staff recruitment files evidenced that relevant pre-employment information had been obtained prior to commencing work in the home.

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.

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.

Review of a sample of registered nurses' competency and capability assessments for taking charge of the home in the absence of the manager found these to have been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. 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.

Patients who were less able to mobilise require special attention to their skin care. Review of one patient's care records identified a number of entries within the repositioning charts which exceeded the recommended frequency of repositioning as per their care plan. Following the inspection, the manager provided written confirmation that the patient's position had been changed and recorded in a separate chart. The manager acknowledged that the repositioning charts should have also been completed and that relevant action had been taken to address this going forward. This will be reviewed at a future inspection.

Review of a sample of care records specific to wound care evidenced that the recommended treatment and frequency of dressing renewal was not documented within all patients care plans.

It was further identified that one patient did not have a care plan in place for a specific wound. Details were discussed with the manager and an area for improvement has been stated for a second time.

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. A menu was displayed within the reception area of the home.

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. Two staff members were observed standing when assisting patients with their meal. This was discussed with the manager to review and action as necessary.

Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT). Whilst staff were providing the correct diet as recommended by SALT, review of one patient's care records evidenced inconsistencies regarding the patient's recommended fluid type. It was further identified that the information held within the kitchen regarding the patient's fluid type had not been updated to reflect the most recent SALT recommendations. This was discussed with the manager who immediately had this updated and agreed to review all other patients' records. Following the inspection written confirmation was received that relevant action had been taken to address this.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Supplementary care records were reviewed which contained the recommended daily fluid intake target. On review of a sample of care records, the recommended target within the fluid charts and care plans were not consistent. Specific details were discussed with the manager and an area for improvement was identified.

Review of a sample of care records evidenced that care plans and risk assessments were regularly reviewed. A small number of discrepancies were identified within care records. Details were discussed with the manager who agreed to have these updated. Following the inspection written confirmation was received that relevant action had been taken to address this.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy and tastefully decorated. Patient's bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were well maintained with areas for patients to sit. The manager advised that refurbishment work was ongoing within the home to ensure that it is well maintained.

Surface damage was observed to a number of floor coverings, doors and walls. Whilst improvements had been made to address some of the environmental issues identified at the last care inspection in May 2023, a number of these issues remained with further environmental issues identified during this inspection. This was discussed with the manager who agreed to have these areas reviewed. Following the inspection written confirmation was received that relevant action had been taken to address these issues, with ongoing monitoring to ensure sustained compliance. This is discussed further in section 5.2.5.

Review of the most recent fire risk assessment completed on 20 July 2023 evidenced that any actions required had been signed off by management as having been completed.

A bedroom door was observed to be partially obstructed with a chair. This was brought to the attention of staff who immediately removed the chair. Details were shared with the manager to monitor going forward.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was in place to ensure that all staff attend at least one fire evacuation drill yearly.

A set of double fire doors on the first floor were unable to close effectively. This was discussed with the manager and an area for improvement has been stated for a second time.

There was unsupervised access to prescribed topical gel and denture cleaning tablets within an identified patient's bedroom. Chemicals were also accessible within an unlocked sluice room. This was brought to the attention of the manager who took immediate action to have these items secured and a new lock installed on the sluice room door.

Window restrictors had been reviewed by the homes management since the last inspection, however, a number of fixtures were not tamper proof. This was discussed with the manager who agreed to have this reviewed. Following the inspection written confirmation was received that relevant action had been taken to address this.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Observation of staff practices and the environment evidenced that staff were not fully compliant with infection prevention and control (IPC) measures. For example; several staff were not bare below the elbow and there was inappropriate storage of patient equipment in ensuites. These and any other IPC related issues were discussed in detail with the manager 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.

During the inspection a number of patients were observed listening to live music organised by the activity coordinator. Other patients were 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.

Patients commented positively about the food provided within the home with comments such as: “The food is nice here. Plenty of choices”, “Good variety of food” and “The food is very tasty here.”

5.2.5 Management and Governance Arrangements

There has been no change to the management arrangements since the last inspection with the manager Phillip McGowan registered as both the responsible individual and manager. Staff spoke positively about management stating they were approachable and accessible.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records, environment, IPC and hand hygiene. Where deficits were identified the audit process included an action plan, the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made. However, as mentioned above in sections 5.1 and 5.2.3 there were a number of environmental issues identified and whilst audits were being completed they did not contain the full audit cycle. This was discussed with the manager and an area for improvement has been stated for a second time.

The responsible individual who is also in day to day management of the home was completing quality governance reports, however, these were not on a monthly basis. This was discussed with the manager and following the inspection written confirmation was received that monitoring reports would be completed on a monthly basis going forward.

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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1*	5*

* The total number of areas for improvement includes one regulation and two standards stated for the second time and one standard 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 Responsible Individual, 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	
Area for improvement 1 Ref: Regulation 27 (4) (b) (d) (v) Stated: Second time To be completed by: 28 May 2024	The registered person shall ensure that the identified fire doors are repaired to close effectively. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: The identified fire doors were removed and rehung on the 22.05.2024
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: 7 September 2023	The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 23 Stated: Second time To be completed by: 28 May 2024	The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment: <ul style="list-style-type: none"> the care plan includes the recommended dressing type and frequency of dressing renewal wound assessment charts are fully completed following each dressing renewal and are reflective of the directions within the care plan. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All wounds have been checked and have associated care plan. The Home Manager has a monthly audit compiled to assess and audit the compliance against this area of improvement.

Area for improvement 3 Ref: Standard 35 Stated: Second time To be completed by: 21 June 2024	<p>The registered person shall ensure that quality governance audits specific to environmental audits contain the full audit cycle to ensure that any action required is addressed in a timely manner.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: A monthly audit summary is now completed to sign off all actions and responses to findings</p>
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 28 May 2024	<p>The registered person shall ensure that the recommended daily fluid intake target is accurately recorded within patients' care plans and daily fluid intake charts.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The system has been changed so that the inputted amount in the care plan will directly cross over to all other documents to prevent a variance.</p>
Area for improvement 5 Ref: Standard 46 Stated: First time To be completed by: 21 May 2024	<p>The registered person shall ensure that the IPC issues identified during this inspection are addressed with ongoing monitoring to ensure sustained compliance.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been reminded about nail polish and bare below elbow, this will be monitored in the monthly IPC Audit. In regards equipment in ensuites – Trust IPC team have been contacted and home equipment (wheelchairs) must be stored in a bedroom, resident own chairs can be stored in ensuites to ensure a safe working environment and to prevent corridors (fire routes) from being blocked. In line with good practice they are removed to the bedroom area if the resident is showering/toileting. A home policy has been written to coincide with the latest guidance.</p>

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