

# Inspection Report

25 May 2023



## 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

<b>Organisation/Registered Provider:</b> Care Facilities & Management Limited  <b>Responsible Individual:</b> Mr Phillip McGowan	<b>Registered Manager:</b> Mr Phillip McGowan  <b>Date registered:</b> 18 April 2016
<b>Person in charge at the time of inspection:</b> Debbie McDermott, deputy manager, 9.30am – 10.45am.  Mr Phillip McGowan, manager, 10.45am – 4.50pm	<b>Number of registered places:</b> 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.
<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> 68
<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 25 May 2023 from 9.30am until 4.50pm. 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.

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 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: "I have everything I need here", "They (staff) are very kind here", "Lovely people", "I couldn't ask for better" and "The staff are great". 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. Comments included: "I really enjoy working here", "Great teamwork and staff morale", "Really good group of staff here" and "I love working here". There was no feedback from the staff online survey.

Three visitors were consulted with during the inspection; they commented positively about the care provided, communication, the manager and the staff. Comments included: "We are very happy with (relatives) care", "Well cared for", "Everything is very good" and "No problems".

Comments received during the inspection were shared with the management team.

#### 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 12 May 2022		
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 (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>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First 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"> <li>• that fire doors are not held/propped open</li> <li>• fire exits are kept clear.</li> </ul>	<b>Partially Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with management 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>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p>	<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><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with management 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>	<b>Not Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of staff practices evidenced that this area for improvement had been met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> Second time</p>	<p>The registered persons shall ensure that all relevant checks are in place prior to an offer of employment being made.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records evidenced that this area for improvement had been met.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.8</p>	The registered person shall ensure that where a patient is at risk of dehydration care records include:	

<b>Stated:</b> First time	<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>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records 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 practical 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).

Review of two staff recruitment and induction files evidenced that relevant pre-employment checks were completed prior to employment. A discussion was held with the manager regarding the system for receiving references to ensure that relevant evidence is available within files to confirm the source of the reference.

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 staff competency and capability assessments for the nurse in charge in the absence of the manager 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.

### 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. The inspectors also observed where staff facilitated patients' favourite music or television programme for those who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. Review of two patients care records identified a number of entries within repositioning charts which exceeded the recommended frequency of repositioning as per their care plan and an area for improvement was identified.

Review of care records specific to wound care evidenced that the recommended treatment and frequency of dressing renewal was not documented within the care plan. It was further identified that wound care charts were not fully completed. Details were discussed with the management team and an area for improvement was identified.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

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.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. 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).

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.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Daily progress records were kept of how each patient spent their day and the care and support provided by staff.



Confidential patient information was observed unsecure within two areas of the home. This was discussed with the management team and an area for improvement was identified.

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

The home was clean, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests. The manager confirmed that refurbishment was ongoing to ensure that the home is well maintained.

Whilst fire exits were kept clear a number of fire doors were observed propped 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 has been stated for a second time.

It was further identified that a bedroom door was not closing properly to the door frame and a set of double fire doors on the first floor were unable to close effectively. Details were discussed with the management team and an area for improvement was identified.

Review of the most recent fire risk assessment completed on 1 July 2022 evidenced that not all recommendations had been signed/dated by management as having been completed. The manager verbally confirmed that all actions had been addressed and following the inspection relevant information was received in writing from the manager confirming that all actions had been completed.

A number of environmental related issues were identified during the inspection requiring either repair/replacement. Details were discussed with the manager and an area for improvement was identified.

Review of a sample of wardrobes evidenced that not all wardrobes had been secured to bedroom walls. This was discussed with the manager who agreed to have this reviewed as a matter of urgency an area for improvement was identified.

Observation of the environment highlighted that cleaning items within three areas of the home were not securely stored and there was unsupervised access to electrical power boards within an unlocked room. The importance of ensuring that all areas of the home are hazard free was discussed with management and an area for improvement has been stated for a second time.

Review of a number of windows identified that they were not fitted with tamper proof restrictors and some windows were opening wider than recommended. This was discussed with the management team who agreed to have all windows reviewed an area for improvement was identified.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by the management team and records were kept. The manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.



### 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 playing a board game organised by the activity coordinator and appeared to enjoy the company of staff and each other. 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 very good and you get plenty of it”, “Something different every day” and “Very nice food.”

### 5.2.5 Management and Governance Arrangements

There has been a change to the management arrangements within the home since the last inspection with the manager Phillip McGowan now 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 section 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 management team and an area for improvement was identified.

Review of records regarding maintenance checks of the home evidenced that these had not been completed within the recommended timeframes. Details were discussed with the manager and an area for improvement was identified.

The responsible individual who is also in day to day management of the home confirmed that monthly monitoring visit reports had not been completed since March 2023. Following the inspection written confirmation was received from the responsible individual that monitoring reports would be completed at the end of each month 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 (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	5

\* The total number of areas for improvement includes two regulations that have been stated for a second time and one regulation that has been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Phillip McGowan, manager and Debbie McDermott, 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)	<p>The registered person shall ensure that medicines are available for administration as prescribed.</p> <p>Ref: 5.1</p> <p><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></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>that fire doors are not held/propped open</li> <li>fire exits are kept clear.</li> </ul> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            During the inspection feedback it was stated that fire doors were kept clear and this area was met.            with reference to the two fire doors propped open they have both been fitted with new fire release mechanisms that keep door open and automatically close with the fire alarm</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<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>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Cleaning products are kept in sluice rooms for the use by care staff. The locks on these doors have been changed from snib locks to keypad locks The electrical cupboard has also been changed from a snib lock to a full keypad system.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (b) (d) (v)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that the identified fire doors are repaired to close effectively.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All fire doors have been checked by the Fire sub-contractor and two doors have been adjusted</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2023</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All environmental issues discussed during the inspection have been listed and are on a works plan which is being undertaken now that the home has a new maintenance man in employment</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2023</p>	<p>The registered person shall ensure that wardrobes are secured to the wall for safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The 3 wardrobes that had been replaced have now been attached to the wall by the new maintenance person</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation (27) (2) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2023</p>	<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> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A full audit of the home has been done and the ground floor windows (top opening) have been coded green (No risk), the top floor and side opening windows(ground Floor) have been assessed and windows requiring adjusted have been and are in the process of being fitted with restrictors. This has been done or assigned to a sub-contractor.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2023</p>	<p>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.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All resident on the day of the inspection had a repositioning care plan as this is an automatic computerised system. The frequency indicates 4hourly and is readjusted if required. The staff have been informed that the repositioning charts must not exceed this interval</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2023</p>	<p>The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment:</p> <ul style="list-style-type: none"> <li>the care plan includes the recommended dressing type and frequency of dressing renewal</li> <li>wound assessment charts are fully completed following each dressing renewal and are reflective of the directions within the care plan.</li> </ul> <p>Ref: 5.2.2</p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The staff have been informed that all elements of the wound chart should be completed at each change. The are plan must also match the additional section of the wound chart as per home policy</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The door locks have been renewed with keypads</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2023</p>	<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: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>An audit summary form has been implemented to ensure all actions are on one sheet and discussed at the Governance meeting</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2023</p>	<p>The registered person shall ensure that relevant maintenance checks are completed on a regular basis and monitored by management.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The home has employed a new maintenance man who will continue the monthly checks</p>

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



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