

Inspection Report

27 May 2021



Fairfields Care Centre

Type of Service: Nursing Home
Address: 80a Fair Hill Road, Cookstown BT80 8DE
Tel no: 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 Ltd Responsible Individual: Mrs. Barbara Haughey	Registered Manager: 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-LD(E). A maximum of 42 patients in categories NH-I NH-PH in the Brook, Adelaide and Maine suites. There shall be a maximum of two named residents receiving residential care in category RC-I within these three units. The home is also approved to provide care on a day basis for five 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. 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 patients accommodated in the nursing home on the day of this inspection: 64
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 25 May from 09:55 am to 6:00 pm by the care Inspectors

The inspection assessed 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.

Evidence of good practice was found in relation to staff interaction with patients and their knowledge of their patients' needs. Further evidence of good practice was identified with the improvements to décor observed in the dementia units and the serving of the lunch time meal.

Areas requiring improvement were identified in relation to recruitment processes, consistency in the recording of neurological observations; consistent wound care recording and ensuring staff has choice of gloves for use.

Patients said that living in the home was a good experience. Patients unable to voice their opinions 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.

RQIA were assured that the delivery of care and service provided in Fairfields Care Centre was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the manager 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. One response was received indicating they were very satisfied with the service provided in the home.

The findings of the inspection were provided to the Manager and Deputy Manager at the conclusion of the inspection.

4.0 What people told us about the service?

During the inspection eleven patients were consulted individually and nine staff were also consulted. Patients told us that they felt well cared for, enjoyed the food and that staff was helpful and friendly. Patients were satisfied that the routine in the home was flexible to allow of personal preferences; one patient reported that he had a "great lie in" that morning. Staff said the manager was very approachable, teamwork was good and that they felt well supported in their role.

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 20, 21 and 24 July 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1)(a) Stated: Second time	<p>The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of the patients –</p> <p>(a) Ensure that at all times suitably qualified competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Reference to this is made in that there must be a comprehensive review of staffing levels so that:</p> <ul style="list-style-type: none"> Levels meet the assessed dependencies 	<p>Met</p>

	<p>of patients/residents.</p> <ul style="list-style-type: none"> • That the overall staffing levels on night duty is adequate to meet the numbers and dependencies of patients / residents. 	
	<p>Action taken as confirmed during the inspection: A review of the duty rota, and comments from patients and staff evidenced that this area for improvement was met.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)(2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need including those with a dementia diagnosis and presentation of behaviour that challenges.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • correct use of PPE • adherence to IPC guidelines in regard to effective handwashing 	Met
	<p>Action taken as confirmed during the inspection: Observations on the day of inspection evidenced that this area for improvement was met.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p>	<p>The registered person shall review the storage of medicines awaiting disposal to ensure that they are stored securely until they are safely disposed.</p>	Carried forward to the next inspection
	<p>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.</p>	

Area for improvement 5 Ref: Regulation 13 (4) Stated: Second time	The registered person shall develop and implement a robust system for the safe management of controlled drugs, including denaturing of Schedule 4 (Part 1) controlled drugs, audit and record-keeping.	Carried forward to the next inspection
	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.	
Area for improvement 6 Ref: Regulation 13 (4) Stated: First time	The registered person must ensure that records for the administration of thickening agents are accurately maintained.	Carried forward to the next inspection
	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.	
Area for improvement 7 Ref: Regulation 13 (4) Stated: First time	The registered person should implement a robust audit tool which covers all aspects of the management of medicines. Action plans to address shortfalls should be developed and implemented.	Carried forward to the next inspection
	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	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered person shall ensure that the environment of the dementia units (Spires and Church) are enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement was met as stated.	

Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that the malodours identified are investigated and action taken.	Met
	Action taken as confirmed during the inspection: No malodours were identified, the home was fresh smelling throughout	
Area for improvement 3 Ref: Standard 29 Stated: Second time	The registered person shall review the administration of eye preparations and timing of doses to ensure optimal delivery for the patient.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at recruitment. The records for two newly recruited staff were reviewed and an area for improvement identified. Staff were provided with an induction programme to prepare them for working with the patients.

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 awareness. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff said there was good team work, that they felt well supported in their role and the level of communication between staff and management. Staff spoken with stated that they were satisfied with planned staffing levels but at times these were not achieved due to short notice sickness. Staff advised that there were systems in place to manage this.

The staff duty rota did not accurately reflect the staff working in the home on a daily basis; staff covering the twilight shifts were not always included. We discussed this with the manager who agreed to address this. The duty rota identified the person in charge when the manager was not on duty.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said they felt well looked after and one patient commented "I am doing very well; I had a good lie in today."

There were systems in place to ensure staff were inducted and trained properly, staff told us they felt supported in their role and that team work was good. Compliance with the area for improvement identified will further enhance these systems.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy.

All staff were required to completed adult safeguarding training on an annual basis; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice.

There was a system in place to ensure that any complaints to the home were addressed. The manager completed a record of any complaints made, the action taken, the outcome and whether or not the complainant was satisfied with the outcome.

This review of processes and staff knowledge demonstrated that appropriate safeguards were in place to support patients to feel safe and be safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Inspection of the homes environment included a selection of bedrooms, communal areas such as lounges and bathrooms and storage spaces. The home was clean and tidy throughout. The recent improvements to the Spires and Church units have created a more homely atmosphere; the provision of signage will assist patients to find bathrooms, their bedroom and the dining room more easily. The murals and wall art were tasteful and enhanced the overall appearance of the home.

Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy and comfortable.

The fire risk assessment was due to be updated and the manager confirmed that a date had been arranged. Confirmation that the assessment had been completed was received from the manager following the inspection.

The home was generally well managed and provided a comfortable and safe environment.

5.2.4 How does this service manage the risk of infection?

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. Staff were challenged in maintaining self-isolation of patients given the level of understanding many of their patients had.

This was discussed with the manager and addressed with the staff to ensure they supported patients as far as was reasonably practical with self-isolation.

Arrangements were in place for visiting and care partners; the Manager was aware of the current pathway for visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks, completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection.

Staff compliance with PPE and hand hygiene was monitored and staff and patients were tested in accordance with the national guidance for Covid-19.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

We observed that only vinyl gloves were available in the PPE stations in the home. Infection control guidance advises that both nitrile and vinyl gloves are required to be available to allow staff choice depending on what care they were delivering. This was discussed with the manager and an area for improvement was identified.

It was established that appropriate arrangements were in place to manage the risk of infection. One area for improvement regarding the availability of nitrile gloves was identified.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. A record was maintained of when a patient was assisted to reposition. A review of records for a patient with wounds evidenced that there was inconsistency with how wounds were recorded. Some patients had wounds clearly recorded in their care records with entries of the care delivered to encourage healing. However one patient, wound record were not consistently recorded this was discussed with the manager and an area for improvement was identified.

If a patient had an accident or a fall, a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. A review of records evidenced that patients' next of kin and the appropriate organisations were informed of all accidents. Where clinical observations were required following a suspected or actual head injury the period the observations were recorded over was not consistent. An area for improvement was identified.

There was evidence that patients' needs in relation to nutrition were being met. Patients' weights were checked at least monthly to monitor weight loss or gain. The majority of patients came to the dining rooms for their lunch. There was a lively atmosphere with some patients socialising with one and other. The tables were nicely set; the daily menu was not available in the dining room and this was discussed with the manager. Staff were present to assist patients their meals as required. Whilst patients had a choice from two main dishes at each meal there were also other options if patients don't like either meal, or simply wanted something different.

The meals served were home cooked and smelt and looked appetising and patients told us that they enjoyed their lunch.

Patients' needs were clearly identified and communicated across the staff team Compliance with the areas for improvement will further enhance the delivery of care.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records reviewed, care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. The care records in the home were in the process of being updated and transferred to an electronic recording system.

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

This review of care records confirmed that care records generally provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day. They were observed to be prompt in recognising patients' needs and any signs of distress, especially in those patients who had difficulty in making their wishes known.

We observed a small group of patients on the ground floor on the morning of the inspection attending a virtual church service. Patients told us they thoroughly enjoyed the service as it was streamed from a local church many of them were familiar with.

The manager advised that activities in the home were ongoing and that they were currently recruiting activity therapists.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There has been no change in the management of the home since the last inspection. There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager completed regular audits of the environment, infection prevention and control (IPC) practices and the use of PPE.

There was a system in place to manage complaints and to record any compliments received about the home.

The home was visited each month by a representative of the registered provider 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. There was evidence of consultation with patients, staff and patients' relatives.

There were systems in place to monitor the quality of care delivered to patients and to ensure that patients were safely looked after in the home.

6.0 Conclusion

Patients in the home were observed to be content in in their surroundings. Staff were observed to treat the patients with respect and kindness.

Thank you to the patients and staff in the home for their assistance and input during the inspection.

The outcome of the inspection concluded that. Four new areas for improvement were identified in regard to consistency in the recording of neurological observation following a fall, recruitment processes, wound care recording and also choice of gloves for staff.

Based on the inspection findings and discussions held there was evidence that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	5*	4*

*The total number of areas for improvement includes four stated under the regulations and four stated under the standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Phillip McGowan, 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	
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall that all unwitnessed falls/ potential head injuries are managed in line with best practice guidance and that neurological observations are consistently recorded.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Best Practice guidelines indicate that CNS observations be maintained for 24 hours. The homes recording sheet has been changed as when calculated it only covered 20 hours. A further record of clinical observations is now made.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second Time To be completed by: Immediately and ongoing	<p>The registered person shall review the storage of medicines awaiting disposal to ensure that they are stored securely until they are safely disposed.</p> <p>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.</p> <p>Ref: 5.1</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: Second time To be completed by: Immediate and ongoing	<p>The registered person shall develop and implement a robust system for the safe management of controlled drugs, including denaturing of Schedule 4 (Part 1) controlled drugs, audit and record-keeping.</p> <p>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.</p> <p>Ref: 5.1</p>
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person must ensure that records for the administration of thickening agents are accurately maintained.</p> <p>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.</p> <p>Ref: 5.1</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person should implement a robust audit tool which covers all aspects of the management of medicines. Action plans to address shortfalls should be developed and implemented.</p> <p>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.</p> <p>Ref: 5.1</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing.</p>	<p>The registered persons shall ensure that all relevant checks are in place prior to an offer of employment being made.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The home manager and HR manager have developed a further check system to ensure all references are in place and any employment gaps have been identified and discussed. All records will be maintained in the personnel file.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing.</p>	<p>The registered person shall ensure a choice of gloves is available for use by staff depending on the care they are providing.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The home has a Glove policy which is researched based. Nitrile gloves had been available in clinical rooms. In light of this report the manager has purchased 4 x Danistations and has a specific Nitrile Station outside each of the clinical rooms for ease of transparency.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered persons shall ensure that wound records are maintained in accordance with best practice guidance.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Wound Management audits indicate all care has been given to residents with wound care requirements. It identified that due to a change in the recording system each Unit was recording in a different manner. The wound policy has been rewritten and circulated to incorporate the new ihelathcare system and the difference between body map records and wound care records has been established.</p>

Area for improvement 4 Ref: Standard 29 Stated: second time To be completed by: Immediate and ongoing	The registered person shall review the administration of eye preparations and timing of doses to ensure optimal delivery for the patient.
	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. Ref: 5.1

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

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

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