

Inspection Report

Name of Service: Fairfields Care Centre

Provider: Care Facilities & Management Limited

Date of Inspection: 26 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Care Facilities & Management Limited
Responsible Individual:	Mr Phillip McGowan
Registered Manager:	Mr Phillip McGowan
<p>Service Profile: 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 for frail elderly patients over 65 years of age; physical disability under 65 years of age and one named patient in learning disability under 65 years of age. Dementia nursing care is provided within two smaller units on the first floor and one named patient in mental health over 65 years of age. The home is also approved to provide care on a day basis for 5 persons.</p> <p>A range of bedroom accommodation, sitting rooms and dining rooms are located on both floors.</p>	

2.0 Inspection summary

An unannounced inspection took place on 26 February 2025, from 9.40 am to 3.45 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 21 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While care was delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; the use of lapbelts on wheelchairs, control of substances hazardous to health (COSHH) and medicines management.

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. Refer to Section 3.2 for more details.

As a result of this inspection it was positive to note that five areas for improvement were assessed as having been addressed by the provider. One area for improvement relating to medicines management will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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 excellent here", "Everyone is very friendly", "Getting well cared for", "Very happy here overall" and "I feel safe here".

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested.

A questionnaire was received from a relative who was very satisfied with the overall delivery of care. Comments included: "The staff are diligent and hardworking", "Staff alert and answer calls quickly" and "Always cheerful".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Care Delivery and Quality of Life for Patients

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 and discussing patients' care in a confidential manner.

Patients were well presented and staff were observed assisting patients throughout the day with attending to personal care and continence needs. One patient said: "Everyone (staff) is very friendly. I couldn't ask for more. If I press my buzzer staff attend to me quickly" and a further patient said: "The staff are very good and very caring".

Staff were observed assisting patients with moving and handling procedures and communicated well with patients in relation to prompts for when to sit or stand and when for example, the wheelchair was in position behind them.

Whilst foot rests were being used on wheelchairs during transit, it was identified that the attached lapbelt was not being used to maintain patient safety. An area for improvement was identified.

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and a number of patients were observed attending a religious service in the morning facilitated by the activity co-ordinators. Other patients were engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

3.3.3 Mealtime Delivery

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 offering a choice of two meals.

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.

Patients commented positively about the food provided within the home with comments such as: "The food is fantastic and plenty of choices", "If I don't like something they (staff) will get me something different", "The food is nice here" and "(The) food is very good."

3.3.4 Management of Care Records

Review of a sample of care records specific to wound care evidenced that the recommended treatment and frequency of dressing renewal was documented within patients care plans; and wound assessment charts were reflective of the directions within the care plan.

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.

Supplementary care records specific to the recommended daily fluid intake were reviewed which evidenced that the recommended daily fluid intake target was recorded within the patients care plan and reflected within the daily fluid intake charts.

3.3.5 Quality and Management of Patients' Environment

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since that last inspection and the manager advised that refurbishment was ongoing to ensure that the home is well maintained. Evidence of this was available within monthly audits and other records maintained by the manager.

Cleaning chemicals were accessible within two areas of the home. Details were discussed with the manager and an area for improvement was identified.

The door to a treatment room was left open on two occasions with access to prescribed supplements, topical creams and a thickening agent. This information was shared with the RQIA pharmacist inspector and an area for improvement was identified.

3.3.6 Quality of Management Systems

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.

There was evidence that the manager had a 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 and a time frame for completion with follow up to ensure the necessary improvements had been made.

There was evidence that the responsible individual who is also in day to day management of the home completes a monthly quality governance report 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.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	2*

* The total number of areas for improvement include one standard 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, 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 14 (2) (a) Stated: First time To be completed by: 26 February 2025	<p>The registered person shall ensure that chemicals are securely stored in keeping with control of substances hazardous to health (COSHH) legislation.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Staff have been informed and have undergone COSHH additional training. Unit Managers are checking sluice and store room doors daily. Housekeeping staff have received additional carry cases to take products into rooms rather than remain on main trolley. All areas requiring a lockable cupboard have been assessed and a locked cupboard provided</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 26 February 2025</p>	<p>The registered person shall ensure that treatment room doors are secured when not in use, to prevent unauthorised access to prescribed medication.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Treatment room 2 that is also a staff office has had a keypad added to its security. Staff have received a notice regarding the safety of storage within this area. In addition all cupboards in the room have a secure lockable system.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 7 September 2023</p>	<p>The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained.</p> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 26 February 2025</p>	<p>The registered person shall ensure that lapbelts on wheelchairs are utilised during transit in accordance with the patients' assessed needs.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Several new wheelchairs which had been bought did not come with lap belts, this was not identified on arrival at the home. Separate belts have now been purchased and have been rivetted to the wheelchair structure for use during transit</p>

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