

Unannounced Care Inspection Report

12 January 2017



Fairfields

Type of Service: Nursing Home
Address: 80a Fairhill Road, Cookstown, BT80 8DE
Tel No: 028 8676 6294
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Fairfields Nursing Home took place on 12 January 2017 from 09.30 to 17.45

The inspection sought to assess progress with any issues raised during and 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. An application of variation of the registration categories of the home had been submitted to RQIA, the application was discussed with the registered manager, Phillip McGowan, during the inspection.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 4* |

*Refer to two recommendations carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Phillip McGowan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 June 2016

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 1 June 2016.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

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| Registered organisation/registered person: Care Circle Ltd | Registered manager: Phillip McGowan |
| Person in charge of the home at the time of inspection: Phillip McGowan | Date manager registered: 8 September 2015 |
| Categories of care: NH-MP(E), NH-LD(E), RC-DE, RC-I, NH-DE, NH-I, NH-PH | Number of registered places: 70 |

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 10 patients individually, three care staff, two registered nurses, one member of ancillary staff and two patient's representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff training records
- accident and incident records
- notifiable incidents
- application of variation submitted to RQIA
- quality audits
- records relating to adult safeguarding
- complaints records
- records of meals served
- complaints record
- Regulation 29, monthly quality monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 1 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 March 2016

| Last care inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 12 (1) (a) and (b) Stated: Third time To be Completed by: 27 May 2016 | The registered person must ensure the quality of care and life afforded to patients in the dementia unit is in accordance with best practice in dementia care. A dementia audit should be undertaken and where shortfalls are identified the action required is stated and confirmation of progress made to fully address any shortfall. A revised action plan, detailing timescales for completion must be submitted to RQIA. | Met |
| | Action taken as confirmed during the inspection: The registered manager had submitted an action plan to RQIA regarding the dementia unit on the first floor of the home. The action plan included proposals to section the dementia unit into two 14 bedded units, Church Street and the Spires unit. Staff would work in an allocated unit so as staff would gain a greater understanding of the patients and deliver more person centred care. The units are now operational. Refer to sections 4.3.1 and 4.3.3 for further information. | |

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| <p>Requirement 2</p> <p>Ref: Regulation 46.2</p> <p>Stated: First time</p> <p>To be Completed by: 19 May 2016</p> | <p>The registered person must ensure that evidence is available of regular auditing of infection prevention and control procedures in the home. The audits should reflect the remedial action taken where a shortfall has been identified. Action should be taken regarding the areas identified in the report.</p> | <p>Met</p> |
| <p>Requirement 3</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2016</p> | <p>Action taken as confirmed during the inspection:</p> <p>The review of the infection prevention and control audits evidenced the action that had been taken where a shortfall had been identified. The minutes of the most recent infection prevention and control meeting held on 23 November 2016 were also reviewed. This meeting was attended by the heads of departments within the home and was chaired by the registered manager.</p> | |
| <p>Requirement 3</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2016</p> | <p>The registered person must ensure that a rolling programme of dementia specific training is developed and undertaken by staff. The training programme should also incorporate the areas identified at inspection. Management should implement a system to monitor and evaluate the delivery of care in the dementia unit to ensure that the knowledge and skills of staff, gained through training, is embedded into practice.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>The review of the staff training programme evidenced that dementia specific training in a number of areas had been undertaken by staff. The training topics included, for example; dementia and the dining experience, behavioural issues and communication and dementia,</p> | |

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| <p>Requirement 4</p> <p>Ref: Regulation 20 (c) (i)</p> <p>Stated: First time</p> <p>To be Completed by: 19 May 2016</p> | <p>The registered manager must ensure that all staff receive mandatory training, as relevant to their roles and responsibilities. This specifically relates to:</p> <ul style="list-style-type: none"> • Adult Safeguarding (including restrictive practices) • Fire Prevention • First Aid Training • Infection Prevention and Control <p>Confirmation that all mandatory training has been provided must be submitted with the returned QIP.</p> <ul style="list-style-type: none"> • Nutrition and Hydration • Personal Care <p>Evidence of training, in whatever format provided, must be retained in the home.</p> <p>Action taken as confirmed during the inspection: The review of the staff training records evidenced staff had completed training in the required areas.</p> | <p>Met</p> |
| <p>Last care inspection recommendations</p> | | <p>Validation of compliance</p> |
| <p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be Completed by: 19 May 2016</p> | <p>The registered manager should ensure that the arrangements for the provision of activities in the dementia unit are reviewed. This should include for the provision of activities in the absence of the person designated to carry out activities.</p> <p>A record should also be maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the dementia unit.</p> <p>Action taken as confirmed during the inspection: Compliance with this recommendation was not assessed on this occasion and is carried forward for review at the next inspection.</p> | <p>Carried forward for review at the next inspection</p> |

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| Recommendation 2 Ref: Standard 17.4 Stated: First time To be Completed by: 19 May 2016 | <p>The appropriateness of patients' placements within the home should be kept under regular review, in particular, patients who have a confirmed diagnosis of dementia. The review process should also include consideration of the support and/or alternative arrangements for patients when it becomes apparent that the existing placement is no longer able to meet the patient's changing dementia care needs.</p> <p>Action taken as confirmed during the inspection: This recommendation related to a patient who is no longer being supported in the general nursing unit.</p> | Met |
| Recommendation 3 Ref: Standard 4.9 and 4.10 Stated: First time To be Completed by: 31 July 2016 | <p>It is recommended nursing staff adhere to professional standards in respect of care records. The registered person should monitor nursing staff adherence to the NMC guidelines.</p> <p>Action taken as confirmed during the inspection: Compliance with this recommendation was not assessed on this occasion and is carried forward for review at the next inspection.</p> | |
| Recommendation 4 Ref: Standard 47.1 Stated: First time To be Completed by: 19 May 2016 | <p>An audit of all doors in the home should be conducted to ensure that all hold-open devices are operational. The outcome of the audit should be actioned and the report shared with the staff. The audit report should be submitted to RQIA with the returned QIP</p> <p>Action taken as confirmed during the inspection: The registered manager had completed an audit to identify the number of hold open devices required on bedroom doors. A programme had been implemented to ensure the shortfalls identified in the audit had been actioned.</p> | Met |

4.3 Inspection findings

4.3.1 The Dementia Environment

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Infection prevention and control measures were adhered to and equipment was stored appropriately.

Patients living with dementia were supported in the Spires unit and Church Street unit on the first floor of the home. The first floor had been separated into two 14 bedded units to provide patients with smaller more domesticated environments. Staff stated they felt the new arrangements on the first floor were more effective and they had more time to spend with the patients. There was evidence of the enhancement of the appearance of the environment through the purchase of dementia enabling signage, some soft furnishings and new tableware. The noise level in both units had greatly reduced and there was a calm atmosphere throughout. However, as discussed with the registered manager the environment, particularly in Church Street requires further attention, for example; the appearance of and the quality of the lounge furniture is poor. An estates inspection was undertaken on 23 January 2017 and will be reported under separate cover.

Areas for improvement

The suitability of the furniture and furnishings in the dementia units should be reviewed and enhanced to ensure the environment is in accordance with dementia care standards. Particular attention should be given to the lounge in Church Street.

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 1 |
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4.3.2 Staffing arrangements

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 2 January to 15 January 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Staff confirmed the staffing arrangements were satisfactory except on the occasion whereby there is short notice staff sickness. Staff in Church Street were working one staff member short on the day of inspection due to staff sickness. Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Areas for improvement

There were no areas for improvement identified.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.3.3 Care Practice

The serving of the midday meal was observed in the Spires and Church Street units. The smaller number of patients in both of the units enabled a more individualised approach from staff regarding assisting patients with their meals. As stated in section 4.3.2, there was not a full complement of staff on duty in Church Street and this had impacted on the organisation of the meal time service. The day's menu was not displayed in a suitable format and suitable location for patients' information. Staff were unable to confirm that patients who required a modified diet were afforded choice at mealtimes. Tray service required improvement as trays were not set with condiments and the meal that was being transported was not covered.

The kitchen in Church Street was observed to be in disarray during the meal service and custard was observed sitting on the countertop, in a container. All food should be maintained at the appropriate temperature prior to serving to individual patients. The suitability of the heated trolley which is used for the storing of meals should be reviewed to ensure it enables all aspects of a meal service to be maintained at the correct temperature. A recommendation has been made that audits of the dining experience are commenced and where a shortfall is identified the remedial action taken to address the shortfall should be stated.

A number of bedroom doors were observed to be locked in Church Street. Staff stated this was due to some patients going into other patients bedrooms during the day and removing or touching other patients' personal belongings. This management strategy was discussed with the registered manager. The free movement of patients within the unit should not be restricted and if patients choose to go to their bedroom during the day they should be able to freely access their bedroom. The registered manager was informed that if there was an issue with a small number of patients going into bedrooms it was staffs responsibility to manage the situation.

Staffing levels and the deployment of staff throughout the daytime period should be reviewed in accordance with the needs of the patients. The locking of bedroom doors can be perceived as a restrictive practice, poor dementia practice in terms of a lack of staff's dementia care knowledge and a removal of an individual's right to go to their bedroom if they wish to do so. A requirement has been made that a review of the staffing arrangements in Church Street is undertaken to ensure best practice in dementia care is in evidence.

A staff member was observed assisting a patient to walk, however, the staff member was incorrectly assisting the patient as they were walking face to face with the patient with their arms outstretched. The staff member should have been beside the patient to support to walk more confidently and safely. The registered manager was informed of this and agreed to discuss the issue with all staff.

Areas for improvement

The staffing arrangements and deployment of staff throughout the daytime period in Church Street must be reviewed is to ensure best practice in dementia care is in evidence.

Audits of the dining experience should commence and where a shortfall is identified the remedial action taken to address the shortfall should be stated. The dining experience should be in accordance with best practice in dementia care.

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| Number of requirements | 1 | Number of recommendations | 1 |
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4.3.4 Management and Governance Arrangements

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. An application of variation of the registration categories of the home had been received. The application was discussed with the registered manager and it was agreed that the information as stated on the application was incorrect and the registered manager was advised to request to the registration team in RQIA that the application was withdrawn. This was subsequently done by the registered manager. We were informed that there had been a change of use of two rooms within the home; an application of minor variation regarding the change of use had not been submitted to RQIA. The registered manager was informed of the need to submit the application and a requirement has been made.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were being managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The majority of staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The records reviewed confirmed that 100 percent of staff had completed training in safeguarding vulnerable adults within the recommended timeframe.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

There were systems in place to monitor and report on the quality of nursing and other services provided. The registered manager undertook regular audits in accordance with best practice guidance in, for example; falls, wound management, care records, infection prevention and control, environment, complaints and incidents/accidents.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. The monthly quality monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required. An action plan was generated to address any areas for improvement. Discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

An application of minor variation in respect of the change of use of rooms within the home must be submitted to RQIA.

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| Number of requirements | 1 | Number of recommendations | 0 |
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4.3.5 Consultation

During the inspection, we met with 10 patients, three care staff, two registered nurses, ancillary staff and two patients' representatives. Some comments received are detailed below:

Staff

"I like it here, this is a good home".
 "I have no concerns; the care is very good."

Patients

"I could not praise them enough."
 "Everyone is good to me."
 "It is very good."
 "The staff are great."

Patients' representatives

"Very good here."
 "I have no complaints."
 "It is very good."

On this occasion questionnaires were not issued to patients, patients representatives or staff. This will be undertaken at the next inspection.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Phillip McGowan, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's Office for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

17 FEB 2017

Quality Improvement Plan

IMPROVEMENT AUTHORITY

Statutory requirements

Requirement 1

Ref: Regulation 20 (1)
(a)

Stated: First time

To be completed by:
28 February 2017

The registered provider must ensure the staffing arrangements and deployment of staff throughout the daytime period in Church Street are reviewed to ensure best practice in dementia care is in evidence.

Ref: Section 4.3.3

Response by registered provider detailing the actions taken:

Staffing arrangements and levels are reviewed weekly & changes made if required.

Requirement 2

Ref: Regulation 3 (1)

Stated: First time

To be completed by:
28 February 2017

The registered provider must ensure an application of minor variation in respect of the change of use of rooms within the home is submitted to RQIA.

Ref: Section 4.3.4

Response by registered provider detailing the actions taken:

Application sent.

| Recommendations | |
|---|--|
| Recommendation 1 Ref: Standard 11.1 Stated: Second time To be completed by: 28 February 2017 | <p>The registered manager should ensure that the arrangements for the provision of activities in the dementia unit are reviewed. This should include for the provision of activities in the absence of the person designated to carry out activities.</p> <p>A record should also be maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the dementia unit.</p> <p>Carried forward for review at the next inspection</p> |
| | <p>Response by registered provider detailing the actions taken:</p> <p>Activity Therapist for Unit being actively recruited.</p> |
| Recommendation 2 Ref: Standard 4.9 and 4.10 Stated: First time To be completed by: 28 February 2017 | <p>It is recommended nursing staff adhere to professional standards in respect of care records. The registered person should monitor nursing staff adherence to the NMC guidelines.</p> <p>Carried forward for review at the next inspection</p> |
| | <p>Response by registered provider detailing the actions taken:</p> <p>Adhered to.</p> |

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| <p>Recommendation 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p> | <p>The registered provider should ensure that the suitability of the furniture and furnishings in the dementia units should be reviewed and enhanced to ensure the environment is in accordance with dementia care standards.</p> <p>Ref: Section 4.3.1</p> <hr/> <p>Response by registered provider detailing the actions taken: <i>New furniture has been bought. Safe furnishings checked & replaced weekly.</i></p> |
| <p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p> | <p>The registered provider should ensure audits of the dining experience are completed and where a shortfall is identified the remedial action taken to address the shortfall should be stated. The dining experience should be in accordance with best practice in dementia care and address all issues stated in section 4.3.3.</p> <p>Ref: Section 4.3.3</p> <hr/> <p>Response by registered provider detailing the actions taken: <i>Dining experience audits commenced.</i></p> |

**Please ensure this document is completed in full and returned to RQIA's Office:
 The Regulation and Quality Improvement Authority, 9th Floor Riverside Tower
 Lanyon Place, Belfast, BT1 3BT**



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