Unannounced Care Inspection Report
23 March 2017

Fairfields Care Centre

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

1.0 Summary

An unannounced inspection of Fairfields Care Centre took place on 23 March 2017 from 09.30 to 17.15 hours.

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. The inspection also incorporated a post registration inspection due to a change of ownership from 1 February 2017 with Care Facilities and Management Ltd the registered organisation and Mrs Barbara Haughey, the responsible individual.

Is care safe?

Following discussion with patients, representatives and staff; and a review of records there was evidence of good delivery of care to patients. Weaknesses were identified specifically in relation to the completion of induction training records, the annual appraisal and supervision of staff, recruitment and selection records and infection prevention and control procedures. Four recommendations have been made.

Is care effective?

Weaknesses have been identified in the delivery of effective care specifically in relation to the assessing, planning and evaluating of care. Improvements are also required in the auditing of patient care records. Improvements were in evidence regarding the approach to meals and mealtimes. One requirement has been made.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. Staff interactions with patients were observed to be compassionate, caring and timely. There was good engagement with patients and a second activities coordinator had commenced to facilitate the provision of activities in the home.

There were no areas for improvement identified in the delivery of compassionate care.

Is the service well led?

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care, in accordance with their Statement of Purpose and Patient Guide.

There was evidence that management systems had been established in the home and that the services provided by the home were regularly monitored. Weaknesses were identified in the quality auditing process established in the home and a recommendation has been made.

The term ‘patients’ is used to describe those living in Fairfields Care Centre which provides both nursing and residential care.

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	1	5

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 estates inspection undertaken on 23 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection. There were no further actions required to be taken following the most recent inspection.

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.

2.0 Service details

Registered organisation/registered person: Care Facilities and Management Ltd Barbara Haughey	**Registered manager:** Phillip McGowan
Person in charge of the home at the time of inspection: Phillip McGowan	**Date manager registered:** 18 April 2016
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 20 patients, four care staff, two registered nurses, domestic and catering staff, the activities coordinator and three relatives.

A poster informing of the inspection was displayed in the home. Questionnaires for patients (eight), relatives (10) and staff (10) to complete and return were left for the registered manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings
- three patient care records
- quality monitoring audits of the service.
- Regulation 29 monthly quality monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 January 2017

The most recent inspection of the home was an unannounced premises inspection. There were no requirements or recommendations made at this inspection therefore there were no issues to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 12 January 2017

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 20 (1) (a) **Stated:** First time	The registered provider must ensure the staffing arrangements and deployment of staff throughout the daytime period in Church Street are reviewed is to ensure best practice in dementia care is in evidence.	**Met**
	Action taken as confirmed during the inspection: The review of the staff duty rosters evidenced that planned staffing arrangements were adhered to. In discussion with patients, relatives and staff there were no concerns raised regarding the staffing arrangements	

Requirement 2 **Ref:** Regulation 3 (1) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The relevant application of variation was submitted to RQIA following the last inspection.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 11.1 **Stated:** Second time	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. 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.	**Met**
	Action taken as confirmed during the inspection: A second activities coordinator had been employed and there were activities coordinators allocated to both floors of the home. An alternative therapists is also in the home every second Monday. A more structured approach to the provision of activities had been established.	
Recommendation 2 **Ref:** Standard 4.9 and 4.10 **Stated:** First time	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.	**Partially Met**
	Action taken as confirmed during the inspection: The review of patient care records did not evidence that registered nurses were adhering to professional standards in respect of the care planning process. Refer to section 4.4; this recommendation is now a requirement of this report.	

Recommendation 3 **Ref:** Standard 43 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence of the refurbishment and redecoration of a number of areas in the home, for example: new dining tables had been purchased and new furniture had been purchased for the conservatory area and lounge in Church unit.	
Recommendation 4 **Ref:** Standard 12 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Audits of the dining experience had been completed. As a result of the audits a number of improvements were introduced, for example; a new Bain Marie was purchased, a Lite Bite menu was introduced and the provisions available for patients on the mid-morning and mid afternoon snack trolley was enhanced.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 6 March to 19 March 2017, evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse is designated as the person in charge of the home. Competency and capability assessments for the nurse in charge of the home reflected the responsibilities of the position. Not all the competency and capability assessments were current. This was discussed with the registered manager who stated that he was satisfied with the competency of any nurse in charge of the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels.

There were systems in place for the recruitment and selection of staff. A review of three personnel files evidenced that these were reviewed by the registered manager and were checked for possible issues. The review of recruitment records evidence that enhanced criminal records checks were completed with Access NI and the reference number; however the date the clearance information was received had not been recorded. This should be present to evidence the staff member did not commence working in the home prior to the clearance information being received. A recommendation has been made.

The induction training programme for newly appointed registered nurses was not available for review in the staff personnel records. This was discussed with the registered manager who stated that the registered nurses 'carried' their induction training programme with them. Confirmation should be available that all staff completes a structured induction training programme and a recommendation has been made.

Discussion with staff and a review of the staff training records confirmed that the registered manager had a system in place to monitor staff compliance with mandatory training requirements. The registered manager stated all staff must now complete mandatory training by April 2017. This was confirmed by staff. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on a range of topics including; medicines management, fire safety, food safety, health and safety, infection prevention and control, moving and handling and adult prevention and protection from harm.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. The review of the staff supervision and annual appraisal planner did not clearly evidence that staff received individual supervision rather supervision was in response to areas of concern or need. This is a form of supervision however it does not fully address the spirit of the supervision process. A recommendation has been made that the supervision process is reviewed and a more structured and systematic approach to supervision is established.

A range of risk assessments were generally completed as part of the admission process and were reviewed as required. The assessments included where patients may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails, if appropriate and assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. The risk assessments generally informed the care planning process. Refer to section 4.4 for further detail regarding the assessing of patient need and care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Care management and patients' representatives were notified appropriately.

A review of the home's environment was undertaken and 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 and tidy. Four bedrooms in Church unit were observed to be located in a separate fire compartment. The arrangement made it difficult for staff to supervise the patients in these bedrooms if they were not in the lounge areas. This was discussed with the registered manager and it was agreed advice would be sought from their fire risk assessor regarding the feasibility of installing an automatic hold open device (wired into the fire alarm system) on this door. Issues were identified regarding infection prevention and control procedures in the home. A number of disposal bins were observed to be extensively rusted on the base, some disposal bins did not have a lid and appropriately shelving was required for a sluice room as commode pots were observed not being stored appropriately. A recommendation has been made. Fire exits and corridors were maintained clear from clutter and obstruction. However; the immediate area outside the designated smoking room smelt of cigarette smoke, additional ventilation in this area may resolve the issue.

Areas for improvement

Infection prevention and control procedures regarding the equipment in the home should be reviewed and identified deficiencies in the equipment addressed.

Staff personnel records should identify the date clearance information in respect of Access NI was received.

Confirmation should be available that all staff have completed a structured induction training programme when commencing employment in the home.

The staff supervision process should be reviewed and a more structured and systematic approach to supervision be established.

Number of requirements	0	Number of recommendations	4

4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses assessed, planned, evaluated and reviewed care, however this was not a robust process. Care plans did not evidence a systematic approach to the review and evaluation of care. In two patient care records numerous care plans regarding mobility and medication were viewed however only one care plan had been evaluated. The evaluation of the patient's response to planned care did not reflect the care interventions stated in the care plan. Care records did not evidence a desired daily fluid target for those patients assessed as being at risk of dehydration. Care plans should have evidenced the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met. A recommendation had been made at the previous inspection of 12 January 2017 regarding the care planning process. As deficits were still in evidence in patient care records reviewed the recommendation has become a requirement of this report.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Repositioning charts evidenced the frequency of repositioning and there were no obvious 'gaps' in recording. A consistent approach to the recording of patients' fluid intake was evidenced. There was evidence that the registered nurses were reviewing the fluid intake of patients within the progress record in patient care records. However, as stated above there was no evidence that registered nurses had identified a daily target and subsequent action to be taken if and when the target was not achieved.

There was evidence in some of the care records that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

We observed the serving of the midday meal. The observation of the midday meal service was that it was a calm and organised activity. Dining tables were appropriately set and the day's menu was displayed. Staff were observed offering patients a visual choice at of meal at mealtimes. Fluids were offered to patients at regular intervals throughout the meal time.

We observed the serving of the mid-morning tea and snack. Patients had a choice of tea, coffee, milk or juice and a snack (biscuits and fresh fruit) was provided. Milky puddings and yoghurts were available for patients who required a modified diet.

Areas for improvement

Number of requirements	1	Number of recommendations	0

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

Staff demonstrated a detailed knowledge of patients' wishes and preferences. A relative commented that they had observed how caring staff were with their relative. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

A second activities coordinator had been recruited which had greatly facilitated the provision of activities within the home. There was a designated activities coordinator for the nursing and dementia units. Observation of the activities at the time of the inspection evidenced staffs knowledge of the importance of spending individual time with those patients who are unable to participate in more formal or group activities. This was good practice, however, the activities records reviewed did not evidence the participation of patients in the activities programme and the activities planner was not up to date. The registered manager stated that as the second activities coordinator was newly appointed there had not been time to embed the procedures for the planning of activities and recording processes. Assurances were given by the registered manager that this would be addressed.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The most recent relatives meeting was held on 2 February 2017. The minutes of the meeting were viewed and evidence was present of the action taken in response to comments/suggestions made at the meeting.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Fairfields was, in general, a positive experience.

Comments included:
"This is a good place."
"Staff were very good to me and supported me when I needed their help."
"Everyone is very good, helpful and cheerful."

We met with three relatives who expressed their satisfaction with the care afforded by staff to their relatives.

Comments included:
"I love them all, very good to me."
"I have no complaints, everything is good."
"The nurses are awful good."
"Couldn't get better (staff)."

Staff also commented very positively about working in the home.

Comments included:
"I'm happy here."
"It's a good place to work, I've no complaints."
"We all help each other."

Questionnaires

In addition (10) relative/representatives; (eight) patient and (10) staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report six patient questionnaires and one staff questionnaire had been completed and returned to RQIA. The responses within the questionnaires were consistent in stating that the respondents were either satisfied or very satisfied in respect of the delivery of safe effective and compassionate care. Respondents also confirmed that they were either satisfied or very satisfied that the service was well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, representatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was displayed in the entrance lobby. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home's complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in January 2017 confirmed that these were managed appropriately.

Discussion with the registered manager, and review of records, evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to care records, infection prevention and control, incidents and accidents and the environment. However, the systems were not robust; for example, deficits were identified on inspection regarding infection prevention and control procedures and within care records. The registered manager should ensure that the quality auditing processes in place accurately reflect the day to day services provided by the home in accordance with legislative requirements and DHSSPS Care Standards for Nursing Homes, 2015. A recommendation has been made.

Discussion with the registered manager and review of records for December 2016 and January and February 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

The quality auditing processes in place should accurately reflect the day to day services provided by the home in accordance with legislative requirements and DHSSPS Care Standards for Nursing Homes, 2015.

Number of requirements	0	Number of recommendations	1

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 nursing.team@rqia.org.uk 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.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 16 (1) and (2) **Stated:** First time **To be completed by:** 31 May 2017	The registered provider must ensure that registered nurses assess, plan, evaluate and review care in accordance with legislative and professional standards. **Ref: section 4.4**
	Response by registered provider detailing the actions taken: Following a review of current nursing documentation by the Clinical Governance Group a decision has been upheld to change the care planning documentation. A format has been submitted to the printers which will allow accurate and researched assessment, planning, evaluation and review. The new format will be easier to complete and accurately meet the standards required. In addition the format will aid in the audit and governance process. The new format will be published and will be in the home by the date stated and all staff will receive training prior to change over.
Recommendations	
Recommendation 1 **Ref:** Standard 46.2 **Stated:** First time **To be completed by:** 31 May 2017	The registered provider should ensure that infection prevention and control procedures regarding the equipment in the home are reviewed and identified deficiencies in the equipment addressed. **Ref: section 4.3**
	Response by registered provider detailing the actions taken: The home currently undertake a monthly infection audits and a full quarterly audit. any deficiencies in standards are docuemnted and followed up in the Governance meeting. In relation to this recommendation the housekeeper and manager will complete a 'bin' audit and replace any required.
Recommendation 2 **Ref:** Standard 38.3 **Stated:** First time **To be completed by:** 31 May 2017	The registered provider should ensure that staff personnel records should identify the date clearance information in respect of Access NI was received. **Ref: section 4.3**
	Response by registered provider detailing the actions taken: The home has implemented a process in which the date is added to the documentation along with the the Access Number

Recommendation 3 **Ref:** Standard 39.1 **Stated:** First time	The registered provider should ensure that confirmation is present that all staff have completed a structured induction training programme when commencing employment in the home. **Ref: section 4.3**
To be completed by: 31 May 2017	**Response by registered provider detailing the actions taken:** All staff have a full induction within their completed file. During the insopection staff who were doing their induction had not an induction pack to be seen as it was home policy the inductee held their file. Provision has been made that staff undergoing induction will keep their file within the home for audit and inspection purposes.

Recommendation 4 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 31 May 2017	The registered provider should ensure that a more structured and systematic approach to staff appraisal and supervision is established. **Ref: section 4.3**
	Response by registered provider detailing the actions taken: The registered manager has formatted a more structure approach to both these elements and updated the supervison file within the home. All staff will be undergoing two supervision sessioins within the year and these will structured in accordance withnthe needs of the home.
Recommendation 5 **Ref:** Standard 35.6 **Stated:** First time **To be completed by:** 31 May 2017	The registered provider should ensure that the quality auditing processes in place accurately reflect the day to day services provided by the home in accordance with legislative requirements and DHSSPS Care Standards for Nursing Homes, 2015. **Ref: section 4.6**
	Response by registered provider detailing the actions taken: The quality audit process has been reviewed and changes made to reflect the comments made by the inspector. Deputy Managers will audit care records but the Registered Manager will do additional audits on the findings.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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