



Unannounced Care Inspection Report 26 February 2019



Fairfields Care Centre

Type of Service: Nursing Home (NH)
Address: 80a Fair Hill Road, Cookstown, BT80 8DE
Tel No: 028 8676 6294
Inspector: Kieran McCormick

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 70 persons.

3.0 Service details

Organisation/Registered Provider: Care Facilities & Management Ltd Responsible Individual: Barbara Haughey	Registered Manager: Phillip McGowan
Person in charge at the time of inspection: Phillip McGowan – registered manager	Date manager registered: 18 April 2016
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.	Number of registered places: 70 A maximum of 28 patients in category NH-DE, 33 patients in categories NH-I/NH-PH, no more than 1 patient in category NH-MP(E) and 1 identified patient in category NH-LD(E). The home is also approved to provide care on a day basis for five persons. There shall be a maximum of three named residents receiving residential care.

4.0 Inspection summary

An unannounced inspection took place on 26 February 2019 from 10.15 to 16.40 hours.

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 Care Standards for Nursing Homes 2015.

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

The inspection assessed progress with any areas for improvement identified during 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 the holistic culture and ethos of care delivery; communication between staff, patients and relatives; staff awareness relating to adult safeguarding, the dining experience of patients and governance arrangements. Other notable areas of good practice were also found in relation to teamwork, understanding of roles and responsibilities and completion of Regulation 29 monitoring visits.

Areas requiring improvement were identified regarding specific environmental and infection prevention and control issues and the management of pressure relieving equipment.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent inspection dated 14 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with eight patients and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed in the front foyer area of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff for weeks beginning 11 February and 25 February 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- activities schedule
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 June 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that the Regulation 29 monthly quality monitoring report is not a retrospective report and that the report is completed in full with meaningful detail to provide assurances of a robust visit having been completed. Action plans should be completed where areas for action are identified and should be followed up at the next monthly visit.	Met
	Action taken as confirmed during the inspection: Review of regulation 29 quality monitoring reports from November 2018 provided assurances that reports were a reflection of the home on the day of the visit. Where relevant an action plan had been populated and was appended to the report.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that prescribed medicines are securely stored at all times in the home.	Met
	Action taken as confirmed during the inspection: On the day of inspection the inspector observed that the lock to the main treatment room was faulty. This was brought to the attention of a manager and was immediately addressed. Observations confirmed that prescribed medicines were securely stored.	

Area for improvement 3 Ref: Regulation 32 (h) Stated: First time	<p>The registered person shall ensure that prior to the completion of any estate changes or alterations to the premises that approval must in the first instance be sought from RQIA.</p> <p>Action taken as confirmed during the inspection: Since the last inspection any required changes to the environment have been appropriately notified to RQIA in advance of works commencing.</p>	Met
Area for improvement 4 Ref: Regulation 14 (2) Stated: First time	<p>The registered person shall ensure that the identified environmental, furniture and COSHH concerns observed during this inspection are addressed.</p> <p>Action taken as confirmed during the inspection: The identified concerns from the previous inspection were observed to have been appropriately addressed. However further environmental issues have been identified following this inspection and will be included in a new area for improvement.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 25 Stated: Second time	<p>The registered person shall ensure that the dining experience for persons living with dementia is a relaxed, pleasurable experience and in accordance with best practice in dementia care. This area for improvement should be reviewed in the context of the findings following this inspection.</p> <p>Action taken as confirmed during the inspection: The dining experience observed on the day of the inspection for those living with dementia was calm, relaxed and well organised by staff. Staff present were attentive and response to patient's needs. The environment was tastefully decorated, warm and well lit. Food appeared warm and appetising; patients who spoke with the inspector confirmed that they were enjoying their meal.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home. A review of the staff duty rotas for weeks beginning 11 February and 25 February 2019 evidenced that staffing was subject to regular review to ensure the assessed needs of the patients were met. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of nursing and care staff on duty and that staff attended to patients needs in a timely and caring manner.

One staff member who met with us expressed concerns regarding staffing levels in the home. This information was shared with the registered manager. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Fairfields Care Centre.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work; the registered manager was reminded to ensure that a date of reviewing the AccessNI should be recorded. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Systems were in place to monitor the incidents of HCAI's and the registered manager understood the role of PHA in the management of infectious outbreaks.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. However a number of environmental and infection prevention and control (IPC) issues were identified, this included:

- practice of wedging open fire doors
- identified furniture including armchairs, over bed tables, bed side cabinets and chests of drawers in a poor state of repair
- an identified torn crash mat
- staff observed wearing long sleeve cardigans

the information for each issue identified was discussed with the registered manager for their immediate attention and an area for improvement under the regulations was made.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management, staff recruitment, induction, training, adult safeguarding, governance and risk management.

Areas for improvement

An area for improvement was identified in relation to specific environmental and IPC concerns.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patients care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Care plans and risk assessments were reviewed monthly by the named nurse, although in the case of one patient file reviewed, for the month of January 2019, all care plans had not been evaluated this was shared with the registered manager for their attention.

The inspector reviewed the use of pressure relieving mattresses in the home and noted in the case of two identified patients the relevant care plan did not reflect the setting required to be used on the individual patient's pressure relieving mattresses. An observation of the equipment highlighted that the settings on the pressure relieving mattress was not in keeping with the actual body weight of the individual patient. This was discussed with the registered manager and an area for improvement under the regulations was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as repositioning, food and fluid intake and personal care records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager, deputy manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to liaising with other members of the multi-professional team, teamwork and communication between patients, relatives and staff.

Areas for improvement

An area for improvement was identified in relation to the management of pressure relieving equipment.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector arrived in the home at 10.15 hours and was greeted by staff who were helpful and attentive. Patients were observed relaxing in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient and ten relative questionnaires were issued at the time of inspection, there were no completed questionnaires returned within the set timeframe.

Cards and letters of compliment and thanks were displayed in the home. Comments of compliment observed included:

"....to all the staff at Fairfields, a massive thank you for all the care you gave.... on his last few weeks of life. Your support and kindness will not be forgotten".

"....a huge thank you for all the care and attention that the staff of Fairfields gave to my father. The nursing and care staff were exceptional".

We met with 11 staff. A poster inviting staff to complete an online survey was provided. No responses were received within the timeframe for inclusion in this report.

Any comments received from patients, relatives and staff were shared with the registered manager for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Observation of the lunch time experience and discussion with patients evidenced that patients enjoyed a pleasurable dining experience; the atmosphere was calm, relaxed and well organised by staff. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. Patients were offered a clothes protector, some of the protectors observed were no longer fit for purpose, this was discussed with the registered manager for their attention. The environment was tastefully decorated, warm and well lit. Food appeared warm and appetising; patients who spoke with the inspector confirmed that they were enjoying their meal. Food was observed to be covered when being transferred from the heated trolley to patients who were not in the dining room. The registered manager shared that the catering services for the home were currently under review and responsibility for the management of catering staff and services was due to be transferred to an external catering company.

Information was displayed that evidenced activities were available to patients in the home. On the day of inspection activities were observed being delivered.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the mealtime experience, dignity and privacy and listening to and valuing patients.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The certificate of registration issued by RQIA was appropriately displayed in the home. The registered manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours were clearly recorded. Discussion with staff, patients and representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the registered manager and a review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints/incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 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 Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager has completed a full walk about and identified all IPC areas in each room. A full plan is in place for the renewal of chairs, wardrobes, and soft furnishings within Church and Brook street. All Crash Mats are checked and any requiring replaced have been removed from the home All staff grades have had staff meetings and the above plus the dress code have been discussed</p>
Area for improvement 2 Ref: Regulation 13 (1)(a)(b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that pressure relieving equipment used is appropriately set in regards to manufacturer's guidance and patient weight. The settings required should be appropriately recorded in care plans and reviewed as required.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registerd Manager has identified 7 mattresses that require settng. The nurses have included this in the individuals care plan. I addition the Housekeeper has been given a check audit to complete Monthly on checking said mattresses against the setting in the care plan</p>

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



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)

Assurance, Challenge and Improvement in Health and Social Care