



Unannounced Follow Up Care Inspection Report 27 January 2020



Fairfields Care Centre

Type of Service: Nursing Home (NH)

Address: 80a Fair Hill Road, Cookstown, BT80 8DE

Tel No: 028 8676 6294

Inspectors: Gillian Dowds and Sharon McKnight

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.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to seventy persons and residential care to three named residents.

3.0 Service details

Organisation/Registered Provider: Care Facilities & Management Ltd Responsible Individual: Barbara Haughey	Registered Manager and date registered: Phillip McGowan
Person in charge at the time of inspection: Martina Carr, Staff Nurse	Number of registered places: 70
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 patients accommodated in the nursing home on the day of this inspection: 69 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 5 persons. There shall be a maximum of 3 named residents receiving residential care in category RC

4.0 Inspection summary

An unannounced inspection took place on 27 January 2020 from 20.00 to 23.30 hours.

The inspection was undertaken following information received by RQIA from an anonymous source with regard to staffing levels in the early evening and night time.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing arrangements
- early evening and night time routine
- supervision of patients

Evidence of good practice was found in relation to staff interaction with patients, staff knowledge of their patients' needs and staff communication relating to 1:1 supervision.

A new area for improvement was identified in relation to the deployment of staff within the home. An area for improvement in relation to staffing levels was stated for a second time.

Patients told us that they were happy with the care they received in Fairfield's Care Centre. They said:

"I get to bed when I want."

"I have everything I want."

"The staff that are here are good, I like the girls very much."

Comments from staff and patients' relatives regarding staffing arrangements are included in section 6.2.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*6

*The total number of areas for improvement includes eight which have been carried forward to be reviewed at a future care inspection, and one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Phillip McGowan, 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. However, due to the issues identified in relation to the inconsistency with staffing arrangements and the supervision of patients in the identified unit, the registered person and manager were invited to attend a meeting in RQIA on 3 February 2020 to discuss the inspection findings in greater detail. During the meeting, the senior management team provided an action plan to drive improvement and ensure that the concerns raised at the inspection are addressed.

Following the assurances provided at the meeting it was decided that the registered persons would be allowed a period of time to demonstrate that the improvements required are made and embedded into practice. A further inspection will be undertaken to monitor compliance.

4.2 Action/enforcement taken following the most recent inspection dated 20 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 20 and 21 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

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.

During the inspection we met with nine patients, five patients' relatives and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. 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 no responses were received.

The following records were examined during the inspection:

- Duty rota from 2 December 2019 to 27 January 2020.

Due to the focus of this inspection some of the areas for improvement identified at the last care inspection were not reviewed and are carried forward to be reviewed at the next care inspection.

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 previous inspection(s)

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 20 1(a) Stated: First time	<p>The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of the patients –</p> <p>(a) Ensure that at all times suitably qualified competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p>	Partially met

	<p>Reference to this is made in that there must be a comprehensive review of staffing levels so that;</p> <ul style="list-style-type: none"> • Levels meet the assessed dependencies of patients/residents. • That the overall staffing levels on night duty is adequate to meet the numbers and dependencies of patients/residents. 	
	<p>Action taken as confirmed during the inspection: A review of the duty rotas highlighted that staffing levels were not consistently maintained as required.</p> <p>This area for improvement has been partially met and is stated for a second time. Staffing is further discussed in section 6.2.</p>	
<p>Area for improvement 2 Ref: Regulation 27 (2) (c) Stated: First time</p>	The registered person shall ensure that all wheelchairs are fitted with footrests.	<p>Carried forward to the next care inspection</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<p>Area for improvement 3 Ref: Regulation 14 (2) (c) Stated: First time</p>	The registered person shall ensure that all staff know when to display wet floor signs.	<p>Carried forward to the next care inspection</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 5 Stated: Second time</p>	<p>The registered person shall ensure that confidential information regarding patients' individual care is not on view or accessible by others to protect patients human rights.</p> <ul style="list-style-type: none"> • This is in particular reference to the archiving stores. 	<p>Carried forward to the next care inspection</p>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 2 Ref: Standard 4 Stated: Second time	The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard Stated: Second time	The registered person shall review the provision of activities in the dementia unit to ensure meaningful activities are offered and training is sourced to enable the activity therapist to provide same.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 43 Stated: First time	The registered person shall ensure that the environment of the dementia units (spires and church) are enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals to ensure the environment is in keeping with best practice guidelines.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 5 Ref: Standard 45 Stated: First time	The registered person shall ensure that there is a system in place to ensure the maintenance and cleaning of equipment.	Carried forward to the next care inspection
	<ul style="list-style-type: none"> This is in reference but not limited to the wheel chairs. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Area for improvement 6 Ref: Standard 44 Stated: First time	The registered person shall ensure that the malodours identified are investigated and action taken.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

Staffing arrangements

Ground floor

On arrival to the home at 20.00 hours, we observed that within the general nursing unit on the ground floor the majority of the patients were in their bedrooms. A number of patients were in bed; the patients we spoke with were happy that they were assisted to bed at their preferred time. Some patients were in their bedroom watching TV; these patients were also confident that when they were ready for bed staff would be available to assist them. The patients, who were in the lounge, confirmed that this was where they preferred to spend their evening.

We spoke with the nurse in charge of the home who confirmed the number of patients in the home and the staff on duty. Staff spoken with were satisfied that there were sufficient staff to attend to the patients' needs and requests in a timely manner.

We spoke with the relatives of one patient who were complimentary regarding the staff and their caring attitude however they did not feel that there were not enough staff. This opinion was shared with the manager.

First floor

Within the Church and Spires units, on the first floor, we observed the staff assisting patients to bed in a timely manner with twilight staff providing assistance across both floors, as needed. However, when the twilight staff member went off duty at 23.00 hours in the Church unit there were no staff redeployed to this unit. The only member of staff present was providing 1:1 supervision to a specific patient. Therefore there were no staff available to supervise and/or respond to the other patients within that part of the home. An area for improvement in regard to the deployment of staff to ensure that patients are appropriately supervised and have their needs attended to in a timely manner was identified.

Feedback from both staff and patients' relatives highlighted dissatisfaction in regard to staffing arrangements; comments included:

- "There was an extra staff member after the last inspection then it stopped."
- "No increase to staffing levels noticed."
- "Staffing levels aren't the issue, it's the skill mix."
- "We have two twilight on sometimes."

Within the Church and Spires units, we observed one patient receiving 1:1 supervision by a staff member. On discussion with the staff member providing this assistance, it was clear that all relevant information had been given to them in regard to meetings this patient's assessed needs; care documentation was also in place to evidence the provision of this care.

A review of the duty rotas evidenced that whilst there had been an initial improvement since the previous care inspection in regard to staffing levels, this improvement was not consistently maintained. The manager advised that recruitment was ongoing for additional staff to undertake the extra twilight shifts. An area for improvement with regard to staffing was made following the previous inspection; this is now stated for a second time.

Areas of good practice

Areas of good practice were found in relation to staff interaction with patients, staff knowledge of their patients' needs, and staff communication relating to 1:1 supervision.

Areas for improvement

One area for improvement was identified in regard to the deployment of staff.

	Regulations	Standards
Total number of areas for improvement	1	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, 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 (2) (c) Stated: First time To be completed by: Immediately from day of inspection	The registered person shall ensure that all wheelchairs are fitted with footrests. Ref:6.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 14(2) (c) Stated: First time To be completed by: Immediately from day of inspection	The registered person shall ensure that all staff know when to display wet floor signs. Ref: 6.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Regulation 20 (1) (a) Stated: Second time To be completed by: Immediately from day of inspection	The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of the patients –
	(b) Ensure that at all times suitably qualified competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. Reference to this is made in that there must be a comprehensive review of staffing levels so that; <ul style="list-style-type: none"> • Levels meet the assessed dependencies of patients/residents. • That the overall staffing levels on night duty is adequate to meet the numbers and dependencies of patients / residents. Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: Resident dependencies are evaluated and calculated weekly or upon acute change of any resident. Staffing levels are then based on the numbers, dependency and the layout of the building. Nigt Visits have been done by the RM and a robust evaluation of the staffing levels to ensure safety and security of residents

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from day of inspection</p>	<p>The registered person shall ensure the deployment of staff is reviewed to ensure patients are appropriately supervised and have their needs attended to in a timely manner.</p> <p>This is in specific reference to, but not exclusive to, the supervision of patients the church unit at night.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The staff nurse in charge of a shift have had their in charge competencies redone and to include the allocation of their staff to areas of need.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 5</p> <p>Stated: Second time</p> <p>To be completed by: 30 January 2020</p>	<p>The registered person shall ensure that confidential information regarding patients' individual care is not on view or accessible by others to protect patients human rights.</p> <ul style="list-style-type: none"> • This is in particular reference to the archiving stores. <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 January 2020</p>	<p>The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 9</p> <p>Stated: Second time</p> <p>To be completed by: 1 February 2020</p>	<p>The registered person shall review the provision of activities in the dementia unit to ensure meaningful activities are offered and training is sourced to enable the activity therapist to provide same.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 4 February 2020</p>	<p>The registered person shall ensure that the environment of the dementia units (spires and church) are enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals to ensure the environment is in keeping with best practice guidelines.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediately from day of inspection</p>	<p>The registered person shall ensure that there is a system in place to ensure the maintenance and cleaning of equipment.</p> <ul style="list-style-type: none"> • This is in reference but not limited to the wheel chairs. <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the day of inspection.</p>	<p>The registered person shall ensure that the malodours identified are investigated and action taken.</p> <p>Ref:6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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