

Inspection Report

7 September 2023



Fairfields Care Centre

Type of service: Nursing Home
Address: 80a Fair Hill Road,
Cookstown, BT80 8DE
Telephone number: 028 8676 6294

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Care Facilities & Management Limited Responsible Individual: Mr Phillip McGowan	Registered Manager: Mr Phillip McGowan Date registered: 18 April 2016
Person in charge at the time of inspection: Ms Debbie McDermott, Deputy Manager	Number of registered places: 70 This number includes: <ul style="list-style-type: none"> - A maximum of 28 patients in category NH-DE in the Church and Spires units to include no more than one named patient in category NH-MP(E) and one named patient in category NH-PH within Church unit. - A maximum of 42 patients in categories NH-I/NH-PH in the Brook, Adelaide and Maine units. One named patient in category NH-LD to be accommodated in the Adelaide unit. The home is also approved to provide care on a day basis for five persons.
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. PH – physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 69
Brief description of the accommodation/how the service operates: Fairfields Care Centre is a registered nursing home which provides nursing care for up to 70 patients. The home operates two programmes of care; general nursing care on the ground floor and dementia care on the first floor. A range of bedroom accommodation, sitting rooms and dining rooms are located on both floors.	

2.0 Inspection summary

An unannounced inspection took place on 7 September 2023, from 10.15am to 3.10pm. This was completed by two pharmacist inspectors and focused on medicines management.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management. The inspection also assessed progress with the area for improvement identified at the last medicines management inspection on 2 August 2021.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

Review of medicines management found that medicines were stored safely and securely. Medicine records and medicine related care plans were maintained to a largely satisfactory standard. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. One new area for improvement in relation to records of the administration of nutrition via the enteral route was identified. Details of the area for improvement can be found in the Quality Improvement Plan (QIP).

The outcome of this inspection concluded that the area for improvement identified at the last medicines management inspection had been addressed.

Whilst one new area for improvement was identified, it was concluded that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspectors spoke to staff about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with care staff, nursing staff and the deputy manager. Feedback was also provided to the registered manager via telephone following the inspection.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 25 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines are available for administration as prescribed.	Met
	Action taken as confirmed during the inspection: Audits completed by the inspectors evidenced that medicines were available for administration as prescribed.	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: Second time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring: <ul style="list-style-type: none"> • that fire doors are not held/propped open • fire exits are kept clear. 	Carried forward to the next inspection

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: Second time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Regulation 27 (4) (b) (d) (v) Stated: First time	The registered person shall ensure that the identified fire doors are repaired to close effectively.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure that the environmental issues identified during this inspection are addressed.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that wardrobes are secured to the wall for safety.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 7 Ref: Regulation (27) (2) (b) (c) Stated: First time	The registered person shall ensure that all windows are reviewed and fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient requires pressure area care a care plan is implemented detailing the recommended frequency of repositioning which is recorded within the repositioning chart and reflective of the care plan.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment: <ul style="list-style-type: none"> the care plan includes the recommended dressing type and frequency of dressing renewal wound assessment charts are fully completed following each dressing renewal and are reflective of the directions within the care plan. 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 37 Stated: First time	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure that quality governance audits specific to environmental audits contain the full audit cycle to ensure that any action required is addressed in a timely manner.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure that relevant maintenance checks are completed on a regular basis and monitored by management.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of patients' prescriptions were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is safe practice.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed for four patients. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain or infection. Records included the reason for and outcome of each administration.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents and nutritional supplements were reviewed for six patients. A speech and language assessment report and care plan was in place for each patient. Records of prescribing and administration which included the recommended consistency level were maintained.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined for two patients. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place for each patient. Records of administration of the nutritional supplement and water were maintained. However, the administration records did not clearly indicate the start and stop time of the prescribed nutritional supplement. One discrepancy, in relation to the volume of water flush prescribed pre and post feed and the volume recorded in the records, was identified and highlighted to the deputy manager for review. The total daily fluid intake for each patient had not been tallied daily in the records. An area for improvement was identified.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was outside the recommended range. Nurses were reminded to consistently record the date of opening on in-use insulin pen devices in order to facilitate audit and disposal upon expiry.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed. Completed records were filed and readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. Written consent and care plans were in place when this practice occurred.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on the large majority of medicines so that they could be easily audited. This is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the large majority of medicines were being administered as prescribed. A small number of discrepancies were highlighted to the deputy manager for ongoing close monitoring.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

The manager was not in the home on the day of the inspection; records of staff training were located in the locked manager's office and were not available for review. The medicines management training provided to nurses was discussed via telephone with the manager following the inspection. The manager confirmed that nurses had recently completed online training as well as training from the community pharmacist. Training in the administration of medicines via the enteral route had also been provided for nurses.

Medicines management policies and procedures were in place and readily accessible to staff.

6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	6*	6*

* The total number of areas for improvement includes eleven which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Debbie McDermott, Deputy Manager, as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: Second time To be completed by: From the date of inspection (25 May 2023)	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring: <ul style="list-style-type: none"> • that fire doors are not held/propped open • fire exits are kept clear.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: From the date of inspection (25 May 2023)	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 27 (4) (b) (d) (v) Stated: First time To be completed by: From the date of inspection (25 May 2023)	The registered person shall ensure that the identified fire doors are repaired to close effectively.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

Area for improvement 4 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 25 July 2023	The registered person shall ensure that the environmental issues identified during this inspection are addressed. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 5 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 25 June 2023	The registered person shall ensure that wardrobes are secured to the wall for safety. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 6 Ref: Regulation (27) (2) (b) (c) Stated: First time To be completed by: 25 June 2023	The registered person shall ensure that all windows are reviewed and fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 25 June 2023	The registered person shall ensure that where a patient requires pressure area care a care plan is implemented detailing the recommended frequency of repositioning which is recorded within the repositioning chart and reflective of the care plan. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2023</p>	<p>The registered person shall ensure that the following action is taken where a wound has been assessed as requiring treatment:</p> <ul style="list-style-type: none"> the care plan includes the recommended dressing type and frequency of dressing renewal wound assessment charts are fully completed following each dressing renewal and are reflective of the directions within the care plan. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (25 May 2023)</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2023</p>	<p>The registered person shall ensure that quality governance audits specific to environmental audits contain the full audit cycle to ensure that any action required is addressed in a timely manner.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2023</p>	<p>The registered person shall ensure that relevant maintenance checks are completed on a regular basis and monitored by management.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

Area for improvement 6 Ref: Standard 29 Stated: First time	The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained. Ref: 5.2
To be completed by: From the date of inspection (7 September 2023)	Response by registered person detailing the actions taken: All PEG Charts have been redne and have specific signature spaces and 24 hour total. Staff have had a clinical supervision session on this and a memo to remind them of good practice. This area will be auditted by the Manager ona regular basis to ensure compliance

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