



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Fairlawns (1505)
Date of Inspection: 16 December 2014
Inspector's Name: Laura O'Hanlon
Inspection No: IN016873

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1.0 General information

Name of home:	Fairlawns
Address:	63 Drumcairn Road Armagh BT61 8DQ
Telephone number:	(028) 3752 5074
Email address:	fairlawnscahome@hotmail.com
Registered Organisation/ Registered Provider:	Mr Michael Murphy
Registered Manager:	Mrs Claire Patricia Cassidy
Person in charge of the home at the time of inspection:	Mrs Claire Cassidy
Categories of care:	RC-I , RC-MP(E), RC-MP, RC-DE, RC-PH
Number of registered places:	45
Number of residents accommodated on day of Inspection:	41
Scale of charges (per week):	As per Trust contract
Date and type of previous inspection:	18 February 2014 Announced Secondary
Date and time of inspection:	16 December 2014: 10.00 – 17.00 hours
Name of Inspector:	Laura O'Hanlon

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice

- Discussions with staff and a relative
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	18
Staff	4
Relatives	1
Visiting Professionals	2

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of Service

Fairlawns Private Residential Care Home was initially registered in 1987 as a nursing home and was re-registered in 2002 as a residential care facility.

Mr Michael Murphy is the responsible person for the home with Mrs Claire Cassidy as registered manager.

The home is situated in the countryside on outskirts of the city of Armagh and comprises of four lounges, sun porch, dining room, kitchen, laundry, residents' kitchen, toilet/bathroom facilities, staff accommodation and administration offices. A significant number of residents bedrooms offer en-suite facilities. A secure patio area is situated to the rear of the facility.

The home was registered to accommodate up to 20 residents with dementia (mild – moderate). Following extensive internal refurbishment and redecoration as recommended by the Northern Ireland Dementia Design Service Centre, the registration of a six bedroom extension was approved by RQIA in 2012.

The home has mature gardens to the front and rear of the building. Ample car parking space is provided at the front of the home.

8.0 Summary of Inspection

This primary announced care inspection of Fairlawns was undertaken by Laura O'Hanlon on 16 December 2014 between the hours of 10am and 5pm. Mrs Claire Cassidy, Registered Manager, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The three recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these recommendations have been addressed within the required timescales. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, in July 2014, Claire Cassidy, Registered Manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Claire Cassidy in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives and visiting professionals, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

9.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy in place for managing Challenging Behaviour dated July 2014. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort within the home. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Fairlawns was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

The home employed an activity co-ordinator for 25 hours each week. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The activity co-ordinator has completed specific training in activity provision in relation to dance, armchair exercises and activities for patients with dementia. This is to be commended.

The evidence gathered through the inspection process concluded that Fairlawns was compliant with this standard.

Resident, Representative, Staff and Visiting Professionals' Consultation

During the course of the inspection the inspector met with eighteen residents, one relative, four staff and two visiting professionals.

In discussions with residents they expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. Resident representatives stated that there was good communication with staff members and staff were aware of the important personal details for their relative.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in Section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of an appropriate standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting, visits by the registered provider and fire safety. Further details can be found in Section 11.0 of the main body of the report.

Six recommendations were made as a result of the primary announced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professionals, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 February 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No requirements were made as a result of this inspection.		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	9.3	The registered manager should confirm that a review of the identified pain relief has been undertaken. (Ref: 9.3)	The returned quality improvement plan and discussions with the registered manager confirmed that this recommendation has been addressed. The registered manager advised that the GP visited the following day and pain relief was reviewed.	Compliant
2	13.1	The registered manager should confirm that life-style books or similar aids are used as prompts/cues to aid memory and assist residents make sense of their day. (Ref: 8.3)	The returned quality improvement plan and discussions with the registered manager confirmed that this recommendation has been addressed. Memory aids were evidenced in lounges and residents' bedrooms on day of inspection. An individual 'This is me' pro-forma is completed by each resident or their representative on admission so as to inform staff of the resident's life story. This was evidenced by the inspector in care files.	Compliant.
3	20.2	The registered manager should confirm that Staff are aware of the need to act professionally at all times and also of the need to check professional's identity before allowing access to residents. (Ref: 8.6)	The returned quality improvement plan and discussions with the registered manager confirmed that this recommendation has been addressed. The registered manager advised that all staff were briefed at a team meeting in June 2014. This was evidenced by the inspector in the staff team meeting minutes.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider’s Self-Assessment Staff have knowledge and understanding of individual resident's usual conduct, behaviours and means of communication. The process of gathering information begins at the pre-admission stage carrying on through to admission, assessment and care planning stages. Evidenced in the documentation - Care notes, evaluation notes etc. Staff give detailed hand-over reports to staff coming on duty and reports are given daily to management staff by senior carers. It is clear from these reports that staff have good understanding, rapport and strategies/techniques to accommodate/manage residents behaviour. Staff aim to promote positive outcomes for residents by recognising each persons identities, personalities and traits and work to support their individuality. Personal profiles aid in getting to know the background and story of residents lives.	Compliant
Inspection Findings: The home had a policy in place on Responding to Residents’ Behaviour and Managing Challenging Behaviour dated July 2014. In addition to this, the home also had a policy on Restraint dated September 2014. A review of the policy identified that it did not include the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) or the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It did not reflect that RQIA must be notified on each occasion restraint is used. A recommendation has been made that the policy is updated accordingly to address these matters. Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.	Substantially Compliant

<p>A review of staff training records identified that 31 care staff had received training in behaviours which challenge entitled Challenging Behaviour on 5 June 2014 and 10 June 2014.</p> <p>A review of five residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of residents’ usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>When a residents behaviour is uncharacteristic, or cause for concern staff have been trained to report same to senior staff/management. Staff take a systematic approach to trying to identify contributing factors for example - if a resident appears unusually confused, staff may consider if they have an infection, and staff will check their temperature, then look for medical advise if this avenue has proved negative.</p> <p>Staff use the appropriate reporting procedures, in relation to the behaviour, or other concern they may have about a resident's well-being. Daily notes are recorded, to include the concern, any action/intervention taken and action plan.</p> <p>In certain circumstances, an issue may be ongoing , requiring staff to develop an individualised care plan. Involvement and reports made to professionals outside of the home and information given to next of kin, is recorded in care notes.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policy on Responding to Residents’ Behaviour and Managing Challenging Behaviour dated July 2014 included the following:</p>	Compliant

<ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents’ care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives . Agreed and recorded response(s) to be made by staff. <p>The policy did not refer to the need for RQIA to be informed of uncharacteristic behaviour which causes concern and a recommendation has been made in this regard.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and/or the person in charge.</p> <p>Five care records were reviewed and identified that they contained the relevant information regarding the residents’ identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with visitors and professionals confirmed that they had been informed appropriately.</p>	
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Where staff have identified an ongoing behaviour issue - a 'Responding to Residents Behaviour' Care Plan is devised. Management strategies are shared to ensure all staff are adequately informed of the individual approach to managing behaviours in a manner that acknowledges which strategies work best for the resident. It is often the smallest of interventions that make the difference, as staff get to know what situations may trigger behaviours in an individual. Awareness of residents personal information (behaviour triggers etc.) is evidence that staff have an understanding of resident's personalities/behaviour.</p> <p>To ensure that information is shared - staff detail management strategies used at handover reports.</p>	Compliant

<p>Inspection Findings:</p> <p>A review of five care plans identified that when a resident needed a consistent approach or response from staff, this was not consistently detailed. In the case of one resident who had a monitoring device in place, this was not signed by resident, representative or care manager.</p> <p>The five care plans reviewed were not consistently signed by the resident, their representative, the staff member drawing it up or the registered manager.</p> <p>A recommendation has been made that these care plans are reviewed and updated.</p>	Substantially Compliant
<p>Criterion Assessed:</p> <p>10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>In one situation, staff contacted a residents key worker @ the Health trust to request a Specialist Behaviour Assessment to be carried out, to aid in management of ongoing behaviours. Usually specific behaviour is discussed and advised upon with the resident's keyworker. A care plan with agreed strategies is devised and will be reviewed by the key worker at the next care review meeting or sooner if necessary.</p> <p>Management staff seek outside professional input as behaviour dictates.</p> <p>Responding to Residents's Behaviour Care Plans are advised upon by management staff who are both nurse trained.</p> <p>Generally behaviours exhibited within our registered categories of care can be appropriately managed and reviewed within the care home setting.</p>	Compliant
<p>Inspection Findings:</p> <p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable
<p>Criterion Assessed:</p> <p>10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL

Provider’s Self-Assessment	
<p>Behaviour management plans are discussed with staff. Senior staff undertake supervision sessions to help inform staff practice and, share knowledge and skills. At times staff will use specific incidents within the home as opportunities for learning.</p> <p>Management staff access the need to support new staff members. Staff are allocated to work with those that are able to provide support and be informative about resident's needs/behaviours.</p> <p>Staff undertake training to aid in their understanding of why residents may behave in certain ways, strategies for coping and processes for reporting.</p> <p>Training is evidenced in the training records file.</p>	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> . Challenging Behaviour and Dementia Awareness and Restraint in June 2014. <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to any behaviour management guidance in place.</p> <p>The registered manager confirmed that there are, however, residents who require a consistent approach. The inspector reviewed this document named Responding to Residents Behaviour within the care files. This document was signed by the staff member or the registered manager. A recommendation has been made to ensure that this is also signed by the resident, their representative if appropriate, and Trust keyworker.</p> <p>A review of Responding to Residents Behaviour and Managing Challenging Behaviour policy identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident’s care plan, as necessary.</p>	Substantially Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	COMPLIANCE LEVEL
Provider’s Self-Assessment Reporting procedures used, where incidents, outside the scope of a Resident's Care Plan occur are as follows: - All incidents are reported to - Resident's Keyworker at the Trust, - Incidents @ RQIA and to - Corporate Governance at the Health Trust - Next of kin is notified. Referral to other outside agency's and professionals may be required also e.g. HSENI, Mental Health Commission etc. If necessary a care management review may be convened, inviting all relevant parties to the meeting. Care plans will be reviewed post incident and updated as necessary.	Compliant
Inspection Findings: A review of the accident and incident records from July 2014 to date of inspection and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified. A review of five care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Visitors, professionals and staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. The registered manager confirmed that where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Staff training in relation to Restraint is evidenced in training record. Training has highlighted to the staff the inclusion of monitoring devices as a method of restraint in our care home. A "Use of Monitoring Device Assessment" has been devised for residents, which details the individual needs of residents for these devices. A clear record is kept of when the device is to be used.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussions with staff, a review of staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. The only restrictive strategy deployed within the home is the use of alarm mats. A recommendation has been made to ensure that all restrictive strategies are reviewed by the Trust and agreed by the resident or their representative and the Trust. There are no restricted areas within the home.</p> <p>A review of the accident and incident records and residents’ care records identified that RQIA, Trust personnel and the resident’s representative were notified on occasions of any uncharacteristic behaviour and the appropriate responses by staff were noted. The circumstances and nature of the incident was recorded on the resident’s care plan.</p> <p>Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations.</p> <p>A review of the home’s Statement of Purpose evidenced that it did not refer to the specific use of therapeutic techniques used in the home. A recommendation has been made to address this matter.</p>	<p>Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
The programme of activities and events are discussed with residents at the Residents Meetings. Residents/their representatives are asked to comment and make suggestions in relation to the activities plan. During Registered Provider visits - residents are asked to comment on quality of care provision, including activities. These methods assist management staff to gauge the overall opinion in relation to activities provision at Fairlawns, and allow for review and evaluation of programme in operation. Generally feed back from residents is positive in relation to activities.	Compliant
Inspection Findings:	
The home had a policy dated June 2014 on the provision of activities. A review of five care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents' Guide provided information pertaining to activity provision within the home.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>An activities person is employed to plan and carry out an activities programme that aims to be enjoyable, age and culturally appropriate. A variety of Church groups and Ministers visit and provide for residents spiritual needs, on an individual basis and also in group settings, providing prayer, bible reading, hymns and religious services. Community groups visit from St Vincent De Paul and the local secondary schools to provide activity, company and facilitate continued links to the community. Residents are free to 'choose whether to participate or not, to fully engage or look on, listen from afar if they feel more comfortable.</p>	Compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised on a daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>As reported in 13.1, all residents are invited to contribute suggestions regarding the activities programme. Those who chose not to part-take are offered one to one input from the activities person and staff. For example, the activities person will provide one to one conversations, bring books, magazines, DVDs and offer walks outside/trips to town etc. Activities offered (and level of participation, if any) are recorded in activities file.</p>	Compliant

Inspection Findings:	
<p>A review of the record of activities provided and discussions with residents, including four residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home and residents' meetings.</p>	Compliant
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The daily activities programme is written in large writing on a white board in the main foyer to allow residents and those visiting the care home to clearly see it.</p> <p>The date and day of week is written on top to assist with orientation.</p> <p>In relation to time of activities, the residents prefer the use of 'A.M and P.M'.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the main hall near the front door. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents and representatives confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs; referring to morning and afternoon activity provision.</p>	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>Residents abilities vary, and staff accommodate same to facilitate resident participation, for example, during Bingo one resident is able to set up for Bingo, and assist the activities person by selecting the balls. Another resident assists by handing out pencils and Bingo cards. Several residents can follow proceedings and mark off the numbers called, while others need a staff member, or another resident to promote and assist them to take part. One lady is to shy to call out "Bingo" if she has a full house and asks staff to do this for her. Another uses a magnifying glass to read the card.</p> <p>When residents go outside to walk and take part in other activities, a wheelchair may be required. Staff, at times, group residents with similar exercise abilities to ensure they are challenged with their ability, while others are not 'put off' part taking because they are unable to keep up.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The home employs an activity co-ordinator for 25 hours each week</p> <p>The activity co-ordinator and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included reminiscence books, song books, puzzles, crosswords, knitting materials, skittles and bingo.</p> <p>There was confirmation from the registered manager all activities are financed by the home.</p> <p>The activity co-ordinator has completed specific training in activity provision in relation to dance, armchair exercises and activities for patients with dementia. This is to be commended.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The activities last for periods that take into account resident attention span and levels of alertness etc. Activities are planned to take account of residents routines and the general routine in the home, e.g. rising times, meal times, resident's schedules etc. Time is given between activities to allow for residents to use bathroom facilities and to have tea/coffee/drinks/snacks.</p>	Compliant
Inspection Findings:	
<p>The activity co-ordinator, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Residents expressed their satisfaction with the activities provided. Care staff demonstrated an awareness of individual resident's abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Activities provided by person/s 'contracted in' are monitored by the activities person or senior staff member. This staff member reports to management regarding resident feedback of activity, suitability etc.</p>	Compliant
Inspection Findings:	
<p>The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. There are monthly groups which visit the home on a voluntary basis either for musical or religious activities. During these activities a member of staff supervises the activity.</p>	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Activities are monitored by our activities person or another senior staff member, who advises the person/s 'contracted in' of residents abilities and needs relating to the activity planned, prior to commitment of activity. Suitability to facilitate any identified changes in residents need is monitored. Outcome reported to management staff.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that a system was in place to inform any outside person who assists in the provision of activities (who was not a member of the home's staff) of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Records are maintained of all activities that take place, person leading the activity and names of all those residents that participate. Evidenced in the Activity File.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in/or observed the activity. This record is maintained for each individual resident within the activities file.</p> <p>A recommendation has been made to ensure that appropriate consents were in place in regard to photography and other forms of media.</p>	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The activities programme is reviewed with service users via residents meetings and annually via quality service questionnaires. The programme can be adapted at any time to accommodate new challenges. Feedback from Residents is evidenced in the Residents Meeting Reports and in Quality Survey Questionnaires.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of the programme of activities identified that it had last been reviewed on 11 September 2014. The records also identified that the programme had been reviewed at residents’ meetings. Monthly evaluations are also completed by the activity therapist for each resident. The last evaluations were completed on 30 November 2014.</p> <p>The registered manager and activity co-ordinator confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents' Consultation

The inspector met with six residents individually and with twelve others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I am very happy in here...staff are quick to come to me at night"
- "Food is good, good choice of food and homemade soup"
- "I like to stay in my own room and (activity co-ordinator) comes to help me"
- "Staff will always find a solution"
- "Staff are very good."

11.2 Relatives/Representative Consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated. This relative stated staff interacted well with residents and that staff were flexible and approachable.

Comments received included:

- "Very good communication between staff and family...attentive to personal things."

11.3 Staff Consultation

The inspector spoke with four staff of different grades. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "I enjoy working here... management are very approachable"
- "Residents are very well looked after... no restraint is used within the home"
- "I feel well supported in my job, there are always enough staff on duty, staff work well together"
- "Fantastic place, I would recommend this place without hesitation."

11.4 Visiting Professionals' Consultation

Two support workers were visiting the home on the day of inspection. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home. The support workers stated that staff were good at following up on issues, and communication with the home is good.

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised with photographs and spiritual emblems. Décor and furnishings were found to be of a good standard, in particular the six bedrooms downstairs which contain attached kitchen and bathroom facilities.

11.9 Guardianship Information/Dependency information

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

One resident who has recently been admitted to the home is subject to a Guardianship Order. This order was due for review on 10 December 2014.

11.10 Fire Safety

Prior to the inspection a fire safety audit checklist was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the homes most recent fire safety risk assessment dated 1 September 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training had been provided to staff in January 2014 and July 2014. The records also identified that an evacuation had been undertaken on 3 July 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro-forma was completed by Claire Cassidy. Claire Cassidy confirmed that all staff employed at the home, including agency and bank staff, had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Visits by Registered Provider

The inspector reviewed the visits by the registered provider. Monthly visits have been undertaken by Michael Murphy, Registered Provider and a record of each visit was available in the home on the day of inspection.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Claire Cassidy, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Primary Announced Care Inspection

Fairlawns

16 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Claire Cassidy, Registered Manager either during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No requirements were made as a result of this inspection.			

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	It is recommended that the registered person should review the policy in relation to challenging behaviour to reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy should also refer to the need for RQIA to be informed of each occasion when restraint is used.	One	Policy in relation to challenging behaviour : Policy reviewed and developed as advised by inspector to include reference to Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy has been further developed to include the reporting of any use of restraint to RQIA.	16 March 2015
2	10.2	It is recommended that the registered person should review the policy in relation to challenging behaviour to reflect the need for RQIA to be informed of uncharacteristic behaviour which causes concern for any resident.	One	Challenging behaviour Policy : Policy reviewed : addition includes need to report to RQIA, uncharacteristic behaviour which causes concern for any resident.	16 March 2015
3	10.3 & 10.4	It is recommended that the registered person should review all care plans, ensuring where a resident requires a consistent approach, this is detailed and signed by the resident or their representative, the staff member drawing it up and the registered manager. The registered person is recommended to ensure that care plans are signed by the resident or their representative, the staff	One	The registered person will arrange for review of all care plans. Care plans to be signed by care staff drawing up care plans and the registered manager. Care staff will be reminded to seek signature of the residents or their representative where	16 March 2015

		member drawing it up and the registered manager.		appropriate.	
4	10.7	It is recommended that the registered person should review the Statement of Purpose to ensure that it refers to the therapeutic techniques used within the home.	One	Statement of Purpose : Review undertaken. Inclusion of reference to use of therapeutic techniques used within the care home.	16 March 2015
5	13.9	It is recommended that the registered person should ensure that appropriate consents are in place for residents in regard to photography and other forms of media.	One	Consent regarding photography and other forms of media : Management have drawn up a consent form which is currently being issued to residents or their next of kin (where appropriate) for completion.	16 March 2015
6	10.7	It is recommended that the registered person should ensure that all restrictive strategies are reviewed and agreed by the resident or their representative and the Trust.	One	Restrictive practices : Registered Manager has liased with Keyworker from Care Home Support Team (CHST) in relation to restrictive strategies being reviewed and agreed by the resident or their representative (where appropriate) and the key worker from the Health HSC Trust. The key worker has advised that he/she will review/discuss and sign documentation if in agreement with the use of restrictive activity technique when undertaking care management scheduled review meetings.	16 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Claire Cassidy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Michael Murphy

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	11 February 2015
Further information requested from provider			