



# Unannounced Care Inspection Report 10 December 2019



## Fairlawns

**Type of Service: Residential Care Home**  
**Address: 63 Drumcairn Road, Armagh, BT61 8DQ**  
**Tel No: 028 3752 5074**  
**Inspector: Laura O'Hanlon**

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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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 56 residents under the categories of care as cited on the home's certificate of registration and within section 3.0 of this report.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Fairlawns</p> <p><b>Responsible Individual:</b> Michael Murphy</p>	<p><b>Registered Manager and date registered:</b> Anthony Hart, acting manager</p>
<p><b>Person in charge at the time of inspection:</b> Lorna Conly, deputy manager</p>	<p><b>Number of registered places:</b> 56</p> <p>A maximum of 11 residents in category of care RC-I. 3 named individuals accommodated in Fairlawns House under category of care RC-I. All other category RC-I residents to be accommodated in Fairlawns Lodge. A maximum of 2 residents in category RC-MP. A maximum of 4 residents in RC-PH category. The home is approved to provide care on a day basis only to 5 persons</p>
<p><b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 54</p>

### 4.0 Inspection summary

An unannounced inspection took place on 10 December 2019 from 10.10 to 16.30.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment and training, care records staff teamwork and the interactions between the staff and the residents.

One area requiring improvement was identified in relation to ceasing the practice of propping fire doors open.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Lorna Conly, deputy manager and Jeanette Toner, business and asset manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 12 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate
- supervision and appraisal planners
- staff competency and capability assessments
- NISCC professional registration checks

The one area of improvements identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the last care inspection dated 12 February 2019**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  Ref: Standard 11.1  Stated: First time	The registered person shall ensure that an urgent review is undertaken to confirm that the placement continues to appropriately meet the identified needs of the resident.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge confirmed that this resident no longer resides in the home.		

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival to the home we found that the most of the residents were already washed and dressed. A number of the residents were attending the hairdresser in the home. The atmosphere in the home was considered warm and calm with staff assisting and conversing with residents in a friendly and respectful manner.

#### **Staffing and recruitment**

We could see that the duty rota accurately reflected the staff working in the home. The deputy manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The deputy manager confirmed that competency and capability assessments were in place for staff in charge of the home in the manager's absence. One assessment was reviewed and found to be satisfactory.

Two staff recruitment records were reviewed. This confirmed that the required pre-employment checks including Access NI and references were completed for all new staff prior to commencement of employment in the home. Staff spoken with and review of records confirmed also that staff completed an induction relevant to their roles and responsibilities.

The deputy manager explained that care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Records available in the home confirmed this.

#### **Staff supervision, appraisal and training**

Discussion with the staff confirmed that they felt supported in their roles. Staff stated that they could approach the manager at any time and any issues would be managed in a professional manner.

We saw that the manager had a system in place for managing staff supervision and appraisal in accordance with the requirements.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis. The deputy manager advised that additional training was also provided for staff if required.

## Safeguarding residents from harm

Staff shared a good knowledge of reporting mechanisms for raising concerns within the home. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse, even if the manager was not working in the home.

## Management of falls

Review of records and discussion with the manager confirmed that The Falls Prevention Toolkit was used in the home. Records contained falls risk assessments and associated care plans which were reviewed on a monthly basis or more often if required. Appropriate action was recorded following a fall including referral to multi-disciplinary teams and falls clinics.

The deputy manager explained how the manager had been auditing falls within the home. Following an analysis of this audit an additional staff member now works a twilight shift from 17.00 to 23.00 as this was identified as a critical time for falls in the home. This is to be commended.

## Environment

An inspection of the home was undertaken. Resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be odour free and clean.

We observed fire doors wedged open despite the use of self-closing devices already installed in some areas. This practice must cease immediately and was identified as an area for improvement to ensure compliance with the regulations.

We also observed a pressure cushion which was in a poor state of repair and therefore could not be effectively cleaned. This was discussed with the deputy manager during the inspection who confirmed that this was already identified and new pressure cushions had been ordered.

## Infection prevention and Control (IPC)

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment.

## Areas of good practice

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

## Areas for improvement

One area for improvement was identified in relation to fire safety issues.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

### Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. For example care plans referred to the updated dysphagia guidance. Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

### Staff communication and teamwork

The staff confirmed that there was good communication and team work in the home. The staff reported that they all work together for the benefit of the residents. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings.

The staff advised that during the staff handovers any concerns or information is passed on in relation to the care and treatment of residents. At the handovers staff also agrees the delegated duties for the provision of care for each resident.

### Effectiveness of care

Residents were well dressed in clean attire. Glasses and walking aids appeared in good working order. Staff were able to describe the individual needs of residents and how these would be met in the home.

Lunch meals were observed and appeared appetising. Assistance and support was provided to residents where this was required. We could see that the portion sizes were good and there was a variety of drinks available. The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care compassionate?

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

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

### Compassionate care

In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Observations of staff during the inspection found that they were reassuring to residents and acted in a caring manner.

On the day of the inspection a number of the residents were having their nails done by the activity therapist. The residents were also singing and appeared to enjoy this activity. In the afternoon a local school choir was providing carol singing in the home.

Some comments made by residents included:

- “I am well looked after in here. The staff are very kind and the food is ok.”
- “I am well cared for and happy in here.”
- “I like it here. The staff are very good. I feel safe in here and well cared for.”
- “This is a good place. I am very happy. It’s very clean with great staff.”
- “If you don’t like something, you will always get something else.”

Staff comments included:

- “This is a good staff team. The residents are well cared for with a person centred approach.”
- “This is a good home and the residents are well cared for.”
- “There is good care provided in this home and it is of a high standard. There is a good team and everyone works well together. This is a lovely home to work in, everyone is very friendly. I love my job.”

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing resident and their representatives.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

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

There is a clear management structure within the home. All staff spoken with commented positively about the manager and described them as supportive and approachable. One staff member commented:

- “Tony is very supportive. He is very good and approachable. He will help out on the floor if required. He is very much in support of the staff and he has made good changes for the benefit of the staff.”

## Management and governance arrangements

The manager retains oversight of the home. The deputy manager confirmed that the manager undertakes a daily walk around and listens to staff handovers to ensure that they are aware of what is going on in the home.

A visit by the registered provider’s representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visits dated 14 October 2019, 8 September 2019 and 8 August 2019 were reviewed. These reports found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

## Management of accidents/incidents

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

## Management of complaints/compliments

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorna Conly, deputy manager and Jeanette Toner, business and asset 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2019</p>	<p>The registered person shall ensure that the practice of propping doors open is ceased with immediate effect.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A cost analysis was undertaken to supply DRU's (Door Release Units) for bedroom doors held open by resident's. Four bedroom doors were identified as at risk in the Cathedral View unit, three service rooms in the Mews and three bedrooms in the central Dementia unit. Quotes have been received and agreed with work to commence on wiring to the Dementia unit and the Cathedral View followed on with DRU's fitted by specialist contractor 'Fire NI'. Smith Fire &amp; Safety have undertaken further fire awareness training highlighting the importance of fire doors remaining closed. Senior staff have held supervision with staff highlighting the importance of closed fire doors. Maintenance have been tasked to ensure doors are kept closed as they undertake their daily routines around the building.</p>

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



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