

Inspection Report

2 November 2022



Fairlawns

Type of service: Residential Care Home
Address: 63 Drumcain Road, Armagh, BT61 8DQ
Telephone number: 028 3752 5074

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| <p>Organisation/Registered Provider: Fairlawns</p> <p>Responsible Individual: Mr Michael Murphy</p> | <p>Registered Manager: Mr Anthony Edward Hart</p> <p>Date registered: 11 December 2019</p> |
| <p>Person in charge at the time of inspection: Mr Anthony Edward Hart</p> | <p>Number of registered places: 56</p> <p>A maximum of 11 residents in category of care RC-I. 1 named individual 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>Categories of care: 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>Number of patients accommodated in the nursing home on the day of this inspection: 50</p> |
| <p>Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 56 persons. The home is divided into four units, three on the ground floor and one on the lower ground floor. The Lodge, Cathedral View and Mews provide general residential care and the Main House provides care to residents with dementia. Resident bedrooms are located over the two floors. Residents have access to communal lounges, dining rooms and a garden.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 2 November 2022 by a care inspector from 10.20 am to 3.00 pm and an estates inspector between 10.10 am to 10.40 am.

At the last RQIA care inspection on 6 September 2022, serious concerns were identified in relation to the management and governance arrangements and fire safety. Following a meeting with the registered persons, two Failure to Comply (FTC) notices were issued on 21 September 2022.

This inspection was planned to assess compliance with the actions detailed in the FTC notices. The outcome of this inspection evidenced that management within the home had taken appropriate action to comply with the FTC notices.

We also reviewed some areas for improvement from the previous Quality Improvement Plan (QIP); however, due to the focus of this inspection, two areas were not reviewed and have been carried forward for review at the next inspection. One new area for improvement was identified during this 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 we reviewed information held by RQIA about this home. This included the two FTC notices, the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home and how staff went about their work was observed. A range of documents were examined to assess compliance in relation to the FTC notices.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 30 residents and nine staff. The home had a calm and relaxed atmosphere. Positive interactions were observed between residents and the staff. We observed the residents to be appropriately supervised and staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff consulted with said that teamwork was good and there was good communication across the team.

5.0 The inspection

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

| Areas for improvement from the last inspection on 6 September 2022 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 | The registered person shall ensure that the lift to the lower ground floor is repaired. | Carried forward to the next inspection |
| Ref: Regulation 27 (2) (c) Stated: First time | 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 Care Standards for Nursing Homes, April 2015 | | Validation of compliance summary |
| Area for Improvement 1 | The registered person shall ensure that the daily menu is displayed for all residents in a suitable format. | Met |
| Ref: Standard 12.4 Stated: First time | Action taken as confirmed during the inspection: There was evidence in place to confirm that this area for improvement was met. | |
| Area for Improvement 2 | The registered person shall ensure that all meals are covered during transportation to residents who choose to have their meals in their bedrooms. | Carried forward to the next inspection |
| Ref: Standard 12.9 Stated: First time | 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. | |

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| Area for Improvement 3 Ref: Standard 27.1 Stated: First time | The registered person shall ensure that all equipment in the home is adequately cleaned. | Met |
| | Action taken as confirmed during the inspection: There was evidence in place to confirm that this area for improvement was met. | |
| Area for improvement 4 Ref: Standard 28.3 Stated: First time | The registered person shall ensure that products on cleaning trolleys are clearly labelled in accordance with Control of Substances Hazardous to Health (COSHH) regulations. | Met |
| | Action taken as confirmed during the inspection: There was evidence in place to confirm that this area for improvement was met. | |

5.2 Inspection findings

FTC Ref: FTC000196

Notice of failure to comply with Regulation 10 (1) of *The Residential Care Homes Regulations (Northern Ireland) 2005*

Registered person: general requirements

Regulation 10.-

(1) The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following twelve actions were required to comply with this regulation:

The registered person must ensure that:

- cleaning trolleys which contain hazardous cleaning chemicals are stored in a secure manner and not accessible to residents
- food thickening agents are stored in a secure manner and not accessible to residents
- all staff have up to date training in COSHH regulations
- residents are appropriately supervised by staff in accordance with their assessed needs specifically in communal areas
- there is a robust system in place to ensure that residents' needs with regard to modified diets are accurately communicated to staff

- staff are able to demonstrate their knowledge of the processes in place around the safe and effective management of modified food and fluids commensurate with their role
- a robust system is implemented to ensure effective oversight of staff recruitment
- all staff delivering care are registered with the appropriate professional body
- a robust system is implemented to ensure effective oversight of staff registration with their relevant professional body
- the governance systems in the home are reviewed to ensure they are robust and effective at identifying any deficits in the quality of the care and other services provided by the home. This includes but is not limited to: the environment, fire safety, infection prevention and control measures, compliance with COSHH regulations and hand hygiene practices
- the monthly monitoring reports undertaken in accordance with Regulation 29 are completed in a robust manner so as to identify deficits in service provision and care delivery and therefore drive the necessary improvements. Action plans should be addressed on a monthly basis
- management and staff can demonstrate and understand their role and responsibilities in relation to prevention of harm and respond to areas of risk within the home's environment.

Action taken by the registered persons:

Evidence in relation to the twelve action points outlined in the Failure to Comply Notice was gathered to establish if Fairlawns had complied with the regulation. The following was established in relation to each action:

1. Observations during the inspection and discussion with the staff on duty evidenced that cleaning trolleys were appropriately supervised at all times. The domestic staff confirmed that during breaks the trolleys are locked in a secure area.
2. Discussion with the staff on duty and observations during the inspection confirmed that food thickening products are locked in the treatment room. There was no evidence of food thickening products being stored in an unsafe manner.
3. We reviewed the records of staff training which confirmed that care staff had completed training on COSHH in 2021 or 2022; seven new care staff were completing this as part of their induction. In relation to the domestic staff we received email confirmation following the inspection that that domestic staff had completed updated COSHH training on 12 October 2022.
4. Observations during the inspection confirmed that residents were appropriately supervised in communal areas. At different times during the inspection we could evidence that a staff member was present in these areas.
5. Observations in the kitchen area and discussion with staff confirmed there is a good system in place to ensure effective communication in regard to modified diets. Firstly following admission or a change to a resident's diet; this is added to the daily staff handover sheet which is discussed at each shift handover with all staff; systems were in place to ensure the handover sheet was kept up to date. In addition a sheet is sent to the kitchen to inform kitchen staff. There was evidence displayed in the kitchen that all information in regards to residents who require a modified diet was relevant and up to

date. Observation of the lunchtime meal confirmed that residents were served the appropriate meal in accordance with their modified diet plan.

6. Discussion with a range of staff on duty confirmed that they were knowledgeable in relation to those residents in the home who required a modified diet. This was also validated with the relevant care plans.
7. During the inspection we reviewed the recruitment file for a new staff member. We found two references in place and any gaps in employment were fully explored in detail. At the front of the file there was a recruitment checklist which is signed off by the manager to ensure all checks are completed.
8. We reviewed the NISCC register and we were able to confirm that staff were appropriately registered. Those staff whose registration was still being processed for example new staff; it was recorded at what stage this was at. The manager advised that for any new staff members; the process of registration is now started immediately. We were able to see evidence where the administrator had contacted NISCC to follow up on registrations pending.
9. Review of the NISCC register confirmed that this is checked on a monthly basis and signed off by the manager.
10. We reviewed the governance systems in place. The staff completed a daily handover sheet which acts as a check of the environment in relation to fire safety and COSHH. There was evidence in place that these areas are checked by care staff, three times a day. This document is reviewed daily and signed off by the manager and maintained in a folder. A separate Infection Prevention and Control (IPC) audit was completed monthly for each area of the home. This audit identified areas for improvement and a record of the action required to be taken; this was then signed off by the manager. Fire Safety, IPC and COSHH were also reviewed as part of the monthly monitoring visit.
11. We reviewed the record of the Regulation 29 monthly monitoring reports and found these to be more robust and comprehensive. There was a detailed recording of discussions with residents, visitors and staff. There was an overview of a number of records in the home including adult safeguarding, fire safety and accidents and incidents. The QIP from the previous RQIA inspection was reviewed with actions recorded and progress towards compliance. An environmental walk around was completed as part of the visit and recorded in detail with any areas for improvement identified. An action plan was in place. The manager advised that this is maintained as a working document and this is updated, as actions are completed.
12. Discussions with the staff during the inspection confirmed that they were confident and competent in their work. Staff reported an improved situation where safe care delivery to residents is their priority. The management and staff were aware of the dangers and potential risks to residents and the necessary measures required to address this.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

FTC Ref: FTC000197

Notice of failure to comply with Regulation 27 (4) of *The Residential Care Homes Regulations (Northern Ireland) 2005*

Fitness of premises

Regulation 27.—(4)

The registered person shall –

- (a) have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed;*
- (b) taking adequate precautions against the risk of fire, including the provision of suitable fire equipment;*
- (d) make adequate arrangements -*
 - (i) for detecting, containing and extinguishing fires*

In relation to this notice the following seven actions were required to comply with this regulation:

The registered person must ensure that:

- the practice of propping open fire doors ceases with immediate effect
- the registered manager monitors the operation of fire doors to ensure that they are not propped open
- all fire doors in the home are checked regularly to ensure that they are operating correctly and fully closing
- updated fire safety training is undertaken and fully embedded into practice with all staff
- any areas for improvement identified within the home's most recent fire risk assessment are actioned without delay and signed off, when completed
- robust fire safety checks are implemented and recorded
- the registered manager's monitoring of fire safety controls is effective in identifying deficits in fire safety and that any deficits identified are addressed without delay.

Action taken by the registered persons:

Evidence related to the seven action points outlined in the Failure to Comply Notice was reviewed to establish if Fairlawns Residential Home had complied with the regulation. The following was established in relation to each action:

1. Observations made during the inspection verified that fire doors were currently not being propped open.
2. There were no fire doors propped open, providing assurances that management controls are currently effective. Visual monitoring inspections are completed by the Manager/Deputy Manager or Senior Care Assistant three times daily to ensure that doors remain closed.
3. Records confirmed that fire door maintenance monitoring checks were being completed.

4. Fire safety awareness training was completed on 6 October 2022 and 5 November 2022.
5. Fire risk assessment action plan items were confirmed as completed.
6. Records evidenced that robust fire safety measures are now in place. The Fire Risk Assessor reviews fire safety control measures to ensure compliance with NIHTM84.
7. The registered manager monitors the records of fire safety control inspections and reviews a sample of maintenance log details.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

5.2.1 What additional action has been taken to enhance care within the home?

We noted during the inspection that the training records for domestic staff were not available in the home. These records should be retained in the home to ensure that the manager has full oversight of all staff training for those working in the home. These records should be readily available for inspection. This was identified as an area for improvement.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1* | 2* |

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Tony Hart, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for Improvement 1 Ref: Regulation 27 (2) (c) Stated: First time To be completed by: 2 December 2022 | The registered person shall ensure that the lift to the lower ground floor is repaired. Ref: 5.1 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 Residential Care Homes Minimum Standards (August 2011) (Version 1:1) | |
| Area for Improvement 1 Ref: Standard 12.9 Stated: First time To be completed by: Immediate and ongoing | The registered person shall ensure that all meals are covered during transportation to residents who choose to have their meals in their bedrooms. Ref: 5.1 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 22.3 Stated: First time To be completed by: Immediate and ongoing | The registered person shall ensure that all records of all staff training are retained in the home. Such records should be readily available for inspection. Ref: 5.2.1 Response by registered person detailing the actions taken: Face to face training records are available in the Administration office (records include Practical Moving & Handling & Fire awareness training). E-Learning records are available online through our 'Evolve' staff training programme. |

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