

# Inspection Report

## 4 and 5 December 2023



## Fairlawns

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

[www.rqia.org.uk](http://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

<p><b>Organisation/Registered Provider:</b> Fairlawns</p> <p><b>Responsible Individual:</b> Mr Michael Murphy</p>	<p><b>Registered Manager:</b> Mrs Lorna Conly</p> <p><b>Date registered:</b> Registration pending</p>
<p><b>Person in charge at the time of inspection:</b> 4 December 2023 – Kate Pickering, Senior Care Assistant 5 December 2023 – Lorna Conly, Manager</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> 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>Number of residents accommodated in the residential care home on the day of this inspection:</b> 53</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 56 residents. The home is divided into four units across two floors. All residents are accommodated in single bedrooms and a number of these have ensuite bathrooms. Residents also have access to communal spaces and dining areas.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 4 December 2023 from 7.20pm to 9.15pm and on 5 December 2023 from 10.10am to 3pm. These inspections were completed by two care inspectors.

RQIA received information which raised concerns about the management of medication administration at night, staffing provision and the general care of residents. In response to this; this inspection focused on medication administration, staffing levels, care delivery to residents and management support.

In addition, the inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be warm with a welcoming atmosphere. Staff were observed to be friendly and approachable. The communal areas were festively decorated in preparation for Christmas.

Residents were observed to be relaxed in their surroundings and at ease in their interactions with staff.

Staff were found to be knowledgeable of the needs of individual residents, and were observed to be compassionate and caring in their interactions with residents.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

## 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 returned quality improvement plan, 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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

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**

Residents commented positively about their experience of living in Fairlawns. Residents stated that they “were well cared for” and this was a “great place.” The residents praised the food provision and confirmed that there was always a choice available. Residents reported that the staff were helpful and “can’t praise them enough.” Compassionate and supportive interactions were observed between the staff and the residents. Residents were involved in activities of their choice throughout the day.

Staff stated that there was good communication and teamwork and they all worked well together. Staff reported that generally there was enough staff on duty and there was good care provided to residents in the home. Staff commented positively on the appointment of a new deputy manager. Staff described the manager approachable and available should they need to raise any concerns.

## 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 12 May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (b) and (c)  <b>Stated:</b> First time	The registered person shall ensure that there is effective management of risk to residents. This relates specifically to: <ul style="list-style-type: none"> <li>the laundry room door and sluice room door should be secured and inaccessible to residents.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12.9  <b>Stated:</b> Second time	The registered person shall ensure that all meals are covered during transportation to residents who choose to have their meals in their bedrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time	The registered person shall ensure that the hours worked by the manager are recorded on the duty rota.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Staff spoken with advised that they received a good induction and training when they commenced employment in the home.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Arrangements were in place to ensure that staff appraisals and supervision were completed. Staff spoken with confirmed that they had completed recent training in first aid and fire safety.

The system in place for the manager to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC) was reviewed. It was noted that this record was not reflective of the staff working in the home and was not up to date as there were staff who had allowed their registration to lapse. This was discussed with the manager and identified as an area for improvement.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager's hours were recorded. Staff reported that there was good team work and that they felt well supported in their role.

Discussion with staff confirmed that the provision of one senior care assistant at night to administer all the medication was inadequate. Staff expressed concern that administration of medication at night could take several hours. This had the potential to impact on residents' retiring times. This matter was discussed with the manager who had already identified this and was in the process of addressing this. This was identified as an area for improvement.

It was observed that care staff were also undertaking laundry duties in the home. This had the potential to impact on direct care delivery to residents. This was identified as an area for improvement.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. This was verified by residents also.

Residents spoken with did not express any concerns in seeking support from staff reporting: "It's great in here; they do everything for you" and "I feel very safe."

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Residents were supported to return to bed after breakfast to rest if they wished and staff were knowledgeable in relation to this.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents.

Examination of records confirmed that the risk of falling and falls were well managed.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff were observed assisting residents with meals where required. Residents received assistance in preparing for meals; to mobilise to the dining room and assistance with clothing protectors, if needed. The dining room was comfortable and calm. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Feedback was positive from residents in relation to meals provision.

Observations confirmed that staff complied with speech and language therapy (SALT) recommendations providing direct supervision and support where this was an assessed need. Mechanisms were in place to ensure staff were aware of resident specific dietary needs for example modified diets. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

Residents' needs assessments were completed on admission and care plans were developed to direct staff on how to meet residents' needs. This included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. It was noted that care plans lacked detail to direct resident care specifically in relation to mental health and nutrition needs. This was identified as an area for improvement.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents' commented positively on the care delivery in the home and praised the meal provision. Staff reported that the care provided to the residents was important to them and was of a good standard.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was found to be warm and welcoming. Resident bedrooms were personalised and contained items which were important to them. However, it was noted that bedrooms lacked curtains to assist in the provision of privacy and dignity. This was identified as an area for improvement.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

A malodour was identified in one bedroom. This was identified as an area for improvement.

Review of the most recent fire safety risk assessment confirmed this was completed on 23 August 2023. Any recommendations made as a result of this assessment were actioned. Overall corridors and fire exits were clear from clutter and obstruction with the exception of one area where a trolley was obstructing a stairway to a fire exit. This was identified as an area for improvement.

Throughout the home there was evidence of accessible personal protective equipment (PPE) and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct PPE and to adhere to the correct food hygiene and infection control guidelines.

Advice was given to the manager to ensure that staff adhere to the correct use of colour coded cleaning equipment.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

The laundry was found to be disorganised and there was no clear system in place for the management of clean and soiled laundry. In addition, staff were noted to be incorrectly using laundry bags to transport soiled laundry. This was identified as an area for improvement.

#### **5.2.4 Quality of Life for Residents**

The atmosphere was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

During the inspection residents were involved in group activities with the activity therapist; singing and armchair exercises. The activity therapist was knowledgeable of the individual strengths and preferences for each resident in involving them in activities and was flexible in her approach.

Staff were also observed sitting with residents in small groups and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.



### 5.2.5 Management and Governance Arrangements

There had been a recent change in the management of the home since the last inspection. Mrs Lorna Conly is the manager of this home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

Review of the storage of medication confirmed this was stored safely. Staff were knowledgeable in relation to the system for the management of controlled drugs.

There was evidence that complaints were managed correctly and that good records were maintained.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home. However, it was noted that there were a number of accidents and incidents which were not reported to RQIA. This was identified as an area for improvement.

In addition to this there was no system in place to undertake an audit of accidents and incidents to identify trends and patterns. This was identified as an area for improvement.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

### 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 (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Lorna Conly, Manager and Claire Cassidy, Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

<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><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 December 2023</p>	<p>The registered person shall ensure that there is a robust system in place to ensure staff registration with their relevant professional body is maintained. This should be checked and signed off, by the manager.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Auditing of NISCC has been completed. All members of staff who are not on the register have and will be removed from the rota with immediate effect.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 January 2024</p>	<p>The registered person shall undertake a review of the staffing arrangements with particular reference to:</p> <ul style="list-style-type: none"> <li>• The provision of senior care staff on night duty</li> <li>• The provision of designated laundry staff in the home</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> I have recruited another senior care assistant and a senior care assistant bank to assist with the night time medication. Recruitment is ongoing for laundry staff. I am currently waiting on access NI checks</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 January 2024</p>	<p>The registered person shall ensure that a detailed assessment and care plan is put in place, in consultation with the resident and the aligned named worker, so as to provide adequate detail to direct resident care delivery. This relates specifically to:</p> <ul style="list-style-type: none"> <li>• Mental health needs</li> <li>• Nutrition needs</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans have been reviewed to provide adequate detail for mental health needs and nutritional needs. Ongoing review of all care plans.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 December 2023</p>	<p>The registered person shall ensure that all corridors and fire exits are clear and free from obstruction.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Trolley at top of stairs has been removed. Signage has been put up as a reminder.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 December 2023</p>	<p>The registered person shall ensure that all incidents which affect the health, care and welfare of residents are reported to RQIA, without delay.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All incidents will be reported to RQIA as discussed and advised by inspectors.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 January 2024</p>	<p>The registered person shall ensure adequate provision of curtains to assist in the maintenance of privacy and dignity of residents.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Privacy screening - for windows as discussed in progress. Contract for curtains fitting agreed. .</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 January 2024</p>	<p>The registered person shall address the odour identified in one bedroom.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Odour in this room has been addressed Room has been deep cleaned.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2024</p>	<p>The registered person shall review the provision of laundry services in the home to ensure that the laundry room is organised and that there is a clear system in place for the management of laundry.</p> <p>In addition, staff should also be knowledgeable in relation to the correct use of laundry bags for soiled laundry.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2024</p>	<p><b>Response by registered person detailing the actions taken:</b> Laundry receptacles purchased as advised. .Signage erected as reminders of correct process. Staff have received supervision on the correct usage of laundry bags.</p> <p>The registered person shall ensure that a monthly audit of accidents and incidents is completed.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Auditing system for the falls reviewed .AMore detailed analysis included.in audit.</p>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care

