

# Inspection Report

6 September 2022



## Fairlawns

Type of service: Residential Care Home  
Address: 63 Drumcain Road, Armagh, BT61 8DQ  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Fairlawns</p> <p><b>Registered Person:</b> Mr Michael Murphy</p>	<p><b>Registered Manager:</b> Mr Anthony Edward Hart</p> <p><b>Date registered:</b> 11 December 2019</p>
<p><b>Person in charge at the time of inspection:</b> Jeanette Toner, Business Manager</p>	<p><b>Number of registered places:</b> 56 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.</p> <p>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>Number of residents accommodated in the residential care home on the day of this inspection:</b> 52</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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 6 September 2022 from 09.45 to 18.15 by a care inspector.

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.

Enforcement action resulted from the findings of this inspection. We identified significant concerns in relation to fire safety and the management and oversight processes in the home. A meeting was arranged with the Registered Person on 14 September 2022 with the intention of issuing two Failure to Comply (FTC) notices in respect of The Residential Care Homes Regulations (Northern Ireland) 2005; these were in relation to:

- Regulation 10(1) relating to the management and governance arrangements
- Regulation 27(4) (a)(b)(d)(i) relating to fire safety

This meeting was attended by Mr Michael Murphy, Responsible Individual, Mr Anthony Hart, Registered Manager and Mrs Claire Cassidy, Director. At the meeting, RQIA were provided with an action plan and some assurances in relation to concerns identified. However, RQIA were not satisfied that the systems and processes were fully embedded in place to ensure the safe and effective management and governance arrangements and drive the necessary improvements. As a result two FTC notices were served under Regulation 10(1), relating to the management and governance arrangements and Regulation 27(4) (a)(b)(d)(i), in regards to fire safety; with the date of compliance to be achieved by 2 November 2022. Please refer to our website for details regarding this notice.

Additional areas requiring improvement were identified in relation to the environment and the mealtime experience; these are included in the Quality Improvement Plan (QIP).

Overall residents commented positively on the care provision in the home. Residents described the staff as being kind to them and that the food was good.

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 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.

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 and how staff went about their work was observed. 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.

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#### **4.0 What people told us about the service**

We met with 31 residents. Overall residents spoken with commented positively about their life in the home. They described the staff as being helpful and friendly. One resident was critical about the food provided. This matter was raised with the staff on duty who advised this would be followed up.

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

We met with one visiting professional who spoke positively about the care provided in the home. We were advised that the staff have a good working relationship with visiting professionals and communication had improved. They described the staff as being empathetic in their interactions with residents.

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

## 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 9 November 2021		
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 27 (3) (a) (i) (ii) <b>Stated:</b> First time	The registered person shall review the provision of staff facilities to ensure staff have adequate storage provision for personal belongings and a changing facility.	<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> Regulation 15 <b>Stated:</b> First time	The registered person shall ensure that residents' admission documentation, including risk assessments and care plans, are completed in a timely manner from admission to the home.	<b>Met</b>
	There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> First time	The registered person shall ensure that a system is developed to ensure compliance with staffs' mandatory training in a timely manner.	<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 6 <b>Stated:</b> First time	The registered person shall ensure that individualised deprivation of liberty care plans are developed for all residents living within locked units in the home.	<b>Met</b>
	There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Safe staffing begins at the point of recruitment. We reviewed two staff recruitment records and identified gaps within the applicant's employment history. There was no evidence that this had been fully explored.

Following review of records relating to staff registration with the Northern Ireland Social Care Council (NISCC) we were unable to verify that all staff were appropriately registered and we identified one member of staff delivering care who was not registered with a professional body. There was no system in place to ensure that the manager had oversight of staff registration.

There were systems in place to ensure that staff were trained and supported to do their job. For example, staff received regular training in a range of topics including first aid and adult safeguarding. There was a planner in place to ensure that staff received regular supervision.

Staff said there was good team work and that they were satisfied with the staffing levels and the level of communication between staff and the management team. Staff were observed to be attentive to the residents and to treat them with compassion. However we identified a lack of staff supervision in the main sitting area in the dementia unit for approximately thirty minutes. One resident had spilled their cup of tea and we had to seek attention from staff to address this matter.

We observed staff to be under pressure when trying to complete their duties. Examination of the staff duty rota and discussions with staff confirmed that the planned number of care staff on duty had been reduced due to short notice sick leave. We also observed residents having to provide support to other residents.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 14 September 2022. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Residential Care Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. 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.



Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. We noted that there was no menu displayed for residents. This was identified as an area for improvement.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Appropriate supervision and support was readily available from staff. We observed some meals were uncovered during transportation to residents who chose to have their lunch in their bedrooms. This was identified as an area for improvement.

We found out of date information in the kitchen area pertaining to one resident who required a modified diet and the cook was unclear in regards to International Dysphagia Diet Standardisation Initiative (IDDSI) terminology.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans.

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. Advice was provided during the inspection to remind staff that residents' care records are retained safely and confidentially.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records confirmed that the risk of falling and falls were well managed.

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

Overall the home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

We observed significant redecoration within the dementia unit which has created a much brighter environment.

During the inspection we observed a number of items of equipment which were very unclean in one area of the home. This was discussed during the inspection and identified as an area for improvement.

We noted that products on one of the cleaning trolleys were not clearly labelled. This was identified as an area for improvement.

We observed trolleys with cleaning chemicals left unattended for over 30 minutes, with the cleaning products accessible to residents within the dementia unit. We also observed cleaning chemicals in a sluice room which were not securely stored in accordance with Control of Substances Hazardous to Health (COSHH) regulations and again accessible to residents.

We found that a food thickening product was stored in an unlocked cupboard in the dining area of the dementia unit. The management of COSHH was identified as an area for improvement during a previous RQIA inspection and it is concerning to note that the actions taken to address the issue and safely manage this risk have not been sustained. These issues were brought to the attention of staff for immediate action.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 14 September 2022. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Residential Care Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

A number of deficits were identified in relation to fire safety. A significant number of fire doors identified throughout the home were propped open with items of furniture and wooden wedges. The most recent Fire Risk Assessment also identified this as a priority area but there was no record of any action being taken to address the practice. A number of fire doors including into bedrooms and the laundry were not closing properly.

Concerns with fire safety were identified on a number of previous RQIA inspections and included within quality improvement plans. Previous improvements made have not been sustained and embedded into practice.

We were concerned that management and staff did not recognise or understand their role and responsibilities in relation to prevention of harm by reducing and responding to risk within the home's environment.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 14 September 2022. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 27 (4) (a) (b) (d) (i) of The Residential Care Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Observation during the inspection identified minor deficits with regard to the wearing of face masks. This was addressed during the inspection.



Discussion with staff and observations during the inspection confirmed that the lift to the lower ground floor was not working. This was identified as an area for improvement.

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

The atmosphere in the home was homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents engaged in puzzles, while others were reading their daily paper and watching television. During the inspection we observed the activity therapist undertaking individual activities with a resident who prefers to spend time in their own room.

Residents made the following comments; “The food is terrific, I eat it all,” “I like it here, its first class” and “they are all good to me here; I am happy enough.”

#### **5.2.5 Management and Governance Arrangements**

There was no change of management since the last inspection. Mr Anthony Hart has been the Registered Manager in this home since 2019.

Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs’ practices.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA.

There was a system in place in the home for the effective management of complaints.

There was a lack of robust audit process within the home and a lack of managerial oversight in regards to any audits completed.

While monthly monitoring reports had been completed on a monthly basis, these were noted to be insufficiently robust in order to drive necessary improvements within the home.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 14 September 2022. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Residential Care Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

## 7.0 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
<b>Total number of Areas for Improvement</b>	1	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Anthony Hart, registered manager, 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>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (c) <b>Stated:</b> First time <b>To be completed by:</b> 2 December 2022	The registered person shall ensure that the lift to the lower ground floor is repaired.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Information sent to three companies in NI requesting a response for replacement parts, refurbishment or total replacement of the lift. 26/10/2022 - Lift engineer visited Fairlawns and undertook an assessment of lift and lift housing. Fairlawns awaiting feedback on ability to access parts and quote for replacement of lift.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time <b>To be completed by:</b> 2 November 2022	The registered person shall ensure that the daily menu is displayed for all residents in a suitable format.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> Daily menus are displayed on individual chalk boards in each of the four units. Manager & Deputy manager check daily to ensure information is displayed.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all meals are covered during transportation to residents who choose to have their meals away from the dining room.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all equipment in the home is adequately cleaned.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff supervision undertaken with senior carers to ensure monitoring of distribution of meals. Discussions held with Catering company (Mount Charles) in reference to meals leaving the kitchen. Care staff encouraged daily to ensure meals are left covered until the resident is seated to eat. Monitoring of food presentation daily by manager and / or deputy manager.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that products on cleaning trolleys are clearly labelled in accordance with Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All cleaning products are now labelled in accordance with C.O.S.H.H. regulations. Spot checks have been carried out and we can confirm this practice has been maintained.</p>

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



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