

# Unannounced Care Inspection Report 6 October 2016



## Fairlawns

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

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Fairlawns took place on 6 October 2016 from 10.30 to 17.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision, infection prevention and control, risk management and the home's environment.

A requirement was made to ensure that the hours worked by the registered manager are recorded on the duty rota. In addition to this the duty rota should identify the person in charge of each shift and reflect the capacity in which each staff member is employed. A second requirement was made to ensure staff appraisals are completed annually.

A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion. In addition a copy of this guidance should be made available for staff within the home. A second recommendation was made to review and improve the flooring the main sitting room.

### Is care effective?

There were examples good practice found throughout the inspection in relation to care records, reviews and communication between residents, staff and other key stakeholders.

A recommendation was made to ensure that pre assessments are completed prior to the admission of any resident to the home. A second recommendation was made to ensure that all care plans are reviewed to confirm that they are reflective of the residents' identified needs. A recommendation was made to ensure that staff meetings are undertaken on a quarterly basis.

### Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Claire Cassidy, registered manager and Ruth Brimage, deputy 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.

### 1.2 Actions/enforcement taken following the most recent pre-registration care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Fairlawns – Michael Murphy	<b>Registered manager:</b> Claire Patricia Cassidy
<b>Person in charge of the home at the time of inspection:</b> Claire Cassidy	<b>Date manager registered:</b> 1 April 2005
<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	<b>Number of registered places:</b> 56

### 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident/incident notifications.

During the inspection the inspector met with 24 residents individually and with others in groups, two relatives, one member of the domestic staff, one member of the catering staff, one laundress, three care assistants, one senior care assistant, the deputy manager and the registered manager. The registered person also met with the inspector for a brief period.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedules
- One competency and capability assessment
- Staff training schedule/records
- Staff recruitment files
- Five resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures on adult safeguarding

A total of 20 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 28 July 2016

The most recent inspection of the home was an announced pre-registration care inspection. No requirements or recommendations were made as a result of this inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 8 March 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> Second time <b>To be Completed by:</b> 22 March 2016	The registered person should address the following environmental issues in regard to infection prevention and control: <ul style="list-style-type: none"> <li>The malodour in one identified room</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that there was no malodour present in the identified bedroom.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 29.2 <b>Stated:</b> First time <b>To be Completed by:</b> 9 March 2016	The registered person should ensure that the practice of propping doors open is addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that on the day of the inspection there were no doors propped open.	

## 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

However issues were noted in regard to the recording of the duty rota. The duty rota did not record the hours worked by the registered manager, nor identify the capacity in which the staff member worked, or the person in charge of each shift.

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was in place and available for inspection. Fire safety training took place on the day of the inspection. A review of staff supervision records confirmed this occurred on a two to three monthly basis. There was no record of annual staff appraisals available for inspection. A requirement was made to ensure staff appraisals are completed annually.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any

period in the absence of the manager; records of competency and capability assessments were retained. A review of one staff competency and capability assessment found this to be satisfactory.

Discussion with the registered manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure dated October 2015, included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion. In addition a copy of this guidance should be made available for staff within the home.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

Review of five care records identified that individual care needs assessments and risk assessments were obtained prior to admission in two of the care records. Care needs assessment and risk assessments (e.g. manual handling, falls) were reviewed and updated on a regular basis or as changes occurred. Areas for improvement were identified in relation to some aspects of the completion of care records. This is detailed in section 4.4.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed in bathroom areas.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The floor in the main sitting room was scored and marked. A recommendation was made to review and improve the flooring the main sitting room.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 13 July 2016. The registered manager confirmed that the recommendations made were in the process of being addressed. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 20 September 2016 and 6 September 2016. Records were retained of staff who participated and any learning outcomes.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

### Areas for improvement

Four areas for improvement were identified. A requirement was made to ensure that the hours worked by the registered manager are recorded on the duty rota. In addition to this the duty rota should identify the person in charge of each shift and reflect the capacity in which each staff member is employed. A second requirement was made to ensure staff appraisals are completed annually.

A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion. In addition a copy of this guidance should be made available for staff within the home. A second recommendation was made to review and improve the flooring in the main sitting room.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	2
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### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

The five care records reviewed included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

A review of three care records identified shortfalls in the pre admission process; no pre assessment was completed. A recommendation was made to ensure that pre assessments are completed prior to the admission of any resident to the home.

In addition two care plans reviewed did not fully reflect information contained in the needs assessment or the daily evaluation notes. A recommendation was made to review all care plans to ensure they are fully reflective of the residents' identified needs.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The most recent staff meeting was dated 26 February 2016. A recommendation was made to ensure that staff meetings are undertaken on a quarterly basis.

The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of resident meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas for improvement

Three areas for improvement were identified. A recommendation was made to ensure that pre assessments are completed prior to the admission of any resident to the home. A second recommendation was made to ensure that all care plans are reviewed to confirm that they are reflective of the residents' identified needs. A recommendation was made to ensure that staff meetings are undertaken on a quarterly basis.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	3
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### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents and review of care records confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity.



Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection some residents were involved in knitting while others were listening to music. Arrangements were in place for residents to maintain links with their friends, families and wider community. The two relatives spoken with reported that they are made welcome at the home and can visit at any time. They both commented:

“This seems to be a really good place, my mum is well looked after. I notice that if you raise anything, the staff always take steps to address it.”

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions, care management reviews and the monthly monitoring visits.

The inspector met with a large number of residents during the inspection. All of the residents spoke on a positive basis about the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments made included:

- “This is a wonderful place, the staff are very kind. When I wasn’t up this morning, they came looking about me. We are so well looked after.”
- “The food is lovely, its lovely in here.”
- “The food is lovely, the staff are all nice.”
- “I am very happy in here.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed annually or more frequently as changes occurred.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home as he visits the home most days.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff members commented:

- "It's a pleasant environment, staff work as a good team, the management is approachable, it's a great learning environment."
- "There are plenty of staff on duty and everyone gets on well with the deputy manager and the manager."
- It's a family environment and there is good communication among the staff team."

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Cassidy, registered manager and Ruth Brimage, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 19 (2)  
Schedule 4

**Stated:** First time

**To be completed by:**  
6 May 2016

The registered person must ensure that the hours worked by the registered manager are recorded on the duty rota. In addition to this the duty rota should identify the person in charge of each shift and reflect the capacity in which each staff member is employed.

**Response by registered provider detailing the actions taken:**  
Registered Managers hours worked are recorded in the duty rota. The person in charge of a shift is clearly identifiable on the duty rota. The designation of each staff member is clearly identifiable in the duty rota

#### Requirement 2

**Ref:** Regulation 20 (1)  
(c) (i)

**Stated:** First time

**To be completed by:**  
30 November 2016

The registered provider must ensure that staff appraisals are completed annually.

**Response by registered provider detailing the actions taken:**  
A schedule for staff appraisals has been devised and has been commenced. Record of appraisals are held in staff file.

### Recommendations

#### Recommendation 1

**Ref:** Standard 21.5

**Stated:** First time

**To be completed by:**  
6 January 2017

The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance including the implementation of a safeguarding champion. In addition a copy of this guidance should be made available for staff within the home.

**Response by registered provider detailing the actions taken:**  
The Safe guarding policy has been reviewed and updated. After consultation with the local safe guarding team to advise:, the policy reference guidance document: Adult Safe guarding Prevention and Protection in Partnership (July 2015) HSSPS. Reference is made to a 'safeguarding champion'. The update policy has been made available to staff who have been asked to read, sign and date when understood and accepted as current policy.

#### Recommendation 2

**Ref:** Standard 27.1

**Stated:** First time

**To be completed by:**  
6 December 2016

The registered provider should review and improve the flooring in the main sitting room.

**Response by registered provider detailing the actions taken:**  
Service Provider reviewed flooring in main sitting room.

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 3.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 October 2016</p>	<p>The registered provider should ensure that pre assessments are completed prior to the admission of any resident to the home.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Pre-admission assessments are completed prior to admission to care facility</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 December 2016</p>	<p>The registered provider should ensure that all care plans are reviewed to confirm that they are fully reflective of the residents' identified needs.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>A care plan review schedule has been devised to ensure plans are fully reflective of residents identified needs. The review process has commenced and is scheduled to be completed by set date.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 October 2016</p>	<p>The registered provider should ensure that staff meetings are undertaken on a quarterly basis.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>A schedule has been devised to plan future staff meetings on a quartley basis. Record of meetings retained in staff meetings file held in office.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews