



The **Regulation** and
Quality Improvement
Authority

Fairlawns
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BT61 8DQ

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**Unannounced Care Inspection
of
Fairlawns**

08 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 8 March 2016 from 10.30 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. One element of a recommendation was stated for the second time in regard to infection prevention and control issues. A second recommendation was made in regard to fire safety issues.

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

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Claire Cassidy, registered manager. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fairlawns, Michael Murphy	Registered Manager: Claire Cassidy
Person in Charge of the Home at the Time of Inspection: Claire Cassidy	Date Registered: 1 April 2005
Categories of Care: RC-I, RC-MP(E), RC-DE, RC-MP, RC-PH	Number of Registered Places: 45
Number of Residents Accommodated on Day of Inspection: 39	Weekly Tariff at Time of Inspection: £470.00

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home

4. Methods/process

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the notifications of accidents and incidents.

We met with 22 residents, three members of the care staff, three members of ancillary staff, the deputy manager and the registered manager.

We inspected the following records: five care records, accident /incident reports, registered provider visits, fire safety records, annual quality review report (2015), record of the residents' meetings and complaints/compliments records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 24 February 2016.

5.2 Review of requirements and recommendations from the last care inspection dated 22 September 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (a)	The registered person must ensure that a fire safety risk assessment is undertaken as a matter of urgency.	Met
	Action taken as confirmed during the inspection: A fire safety risk assessment was completed on 29 September 2015. A record of this assessment was available during the inspection.	

Requirement 2 Ref: Regulation 27 (4) (e)	The registered person must ensure that all persons working at the home receive up to date fire training from a competent person.	Met
	Action taken as confirmed during the inspection: The record of fire training confirmed that fire safety training was completed on 22 September 2015, 22 October 2015, 29 October 2015 and 30 November 2015. Further fire safety training is scheduled for 6 and 7 April 2016.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35.1	The registered person should address the following environmental issues in regard to infection prevention and control: <ul style="list-style-type: none"> • Replace the raised toilet seat frame in disabled toilet • Replace the identified furniture in conservatory • Address the malodour in one identified room • Repair the sink in one identified bedroom 	Partially Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that <ul style="list-style-type: none"> • The raised toilet seat frame in disabled toilet was replaced. • The identified furniture in conservatory was replaced. • The sink in one identified bedroom was repaired. • The malodour in the identified bedroom was present during the inspection. This element of the recommendation was stated for the second time. 	

Standard 1- Residents' views and comments shape the quality of services and facilities provided by the home**Is care safe? (Quality of life)**

The registered manager confirmed that residents' views were taken into account in all matters affecting them, in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. Many examples of this were noted in regard to meal provision and activities.

The registered manager confirmed that the last residents' meeting was convened on 28 January 2016. The residents' views and wishes were actively sought and recorded in regard to facilities and services, menu planning and activity provision. A record of this meeting was available during the inspection.

The five care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident. Care records were current and comprehensive.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents' meetings and the registered provider monthly visits. The registered manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were observed within each care record. Residents were present and participated in their care management review where possible.

The registered manager shared with us the annual quality review report dated 2014 - 2015. This reflected the views of residents, representatives and other external visitors to the home.

Is Care Compassionate? (Quality of Care)

Discussion with staff demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened to and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values into their practice with residents. This included knocking on doors before entering and seeking their preferences at meal-times.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for Improvement

There were no areas for improvement identified within the standard inspected. This standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

5.4.1 Residents views

We met with 23 residents. We observed residents relaxing in the communal lounge area and bedrooms. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home.

They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes were respected in so far as possible. Some comments made were:

- “I am well looked after here.”
- “I like my room.”
- “It’s brilliant here, assistance always arrives quickly and there are plenty of staff around. The food is excellent.”
- “I am well looked after and staff always come quickly to help. I would recommend this place to anybody.”
 - “I am delighted to be in here, the staff are all kind.”
- “Everything is perfect it couldn’t be any better. There are always plenty of staff around.”

5.4.2 Staff views

We spoke with three members of care staff, two members of the domestic staff, one member of the catering staff, the deputy manager and the registered manager. The staff members advised us that they felt supported in their roles. The staff members related that they had been provided with the relevant resources to undertake their duties and demonstrated that they were knowledgeable of the needs of individual residents.

The staff members stated that they felt supported by management and advised that they were very approachable. The staff explained how the residents were offered choices on a daily basis. Some comments made were:

- “I love working here; it’s like a big family. I think the care is brilliant because everyone gets on so well.”
- “The care provided here is really good. I enjoy working here.”

5.4.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents’ bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. Spiritual emblems were observed in residents’ bedrooms.

5.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were observed eating a nutritious meal at lunch time.

5.4.5 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 29 September 2015. We reviewed the fire safety records and confirmed that fire safety training was last undertaken on 22 September 2015, 22 October 2015, 29 October 2015 and 30 November 2015. Further fire safety training is scheduled for 6 and 7 April 2016. The records indicated that a fire drill took place on 16 July 2015.

In our inspection of the environment we observed a number of bedroom doors propped open. The doors to the day room were also held open using chairs. We made a recommendation that this practice is addressed.

5.4.6 Accidents/incident reports

We reviewed the accident/incident records which have occurred since the previous inspection and confirmed that these were appropriately managed and reported. For the purpose of information we referred the registered manager to the updated RQIA guidance on the reporting of accidents and incidents.

5.4.7 Complaints/compliments records

In our inspection of complaint records and discussion with the registered manager we confirmed that complaints had been managed appropriately.

Areas for improvement

One area for improvement was identified within the additional areas inspected in regard to fire safety issues.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Claire Cassidy, registered manager. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 35.1

Stated: Second time

To be Completed by:
22 March 2016

The registered person should address the following environmental issues in regard to infection prevention and control:

- The malodour in one identified room

Response by Registered Person(s) Detailing the Actions Taken:
Management have discussed ongoing issue of malodour in one identified room. Deep cleaning has taken place and odour absorbing products have been placed in room. Thorough daily cleaning of rooms undertaken. Next of kin involved in removal of excess clothing to aid reduction of clutter in room.

Recommendation 2

Ref: Standard 29.2

Stated: First time

To be Completed by:
9 March 2016

The registered person should ensure that the practice of propping doors open is addressed.

Response by Registered Person(s) Detailing the Actions Taken:
Propping of doors addressed with staff. It is appropriate to close most of the doors, except the doors into the large day room. Consultation has been made with electrician and fire alarm engineer regarding application of hold open devices limited to fire alarm system in lounge room doors. Fire alarm systems to be upgraded as part of building extension. Lounge doors to be connected to upgraded system.

Registered Manager Completing QIP

[Signature]

Date Completed

11/04/16

Registered Person Approving QIP

[Signature]

Date Approved

11/04/16

RQIA Inspector Assessing Response

[Signature]

Date Approved

22.4.16

Please ensure this document is completed in full and returned to RQIA