

Inspection Report

10 May 2021



Fairlawns

Type of service: Residential Care Home
Address: 63 Drumcairn 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>Organisation/Registered Provider: Fairlawns</p> <p>Responsible Individual: Mr Michael Murphy</p>	<p>Registered Manager: Mr Anthony Edward Hart</p> <p>Date registered: 11 December 2019</p>
<p>Person in charge at the time of inspection: Mr Anthony Edward Hart</p>	<p>Number of registered places: 56</p> <p>A maximum of 2 residents in category RC-MP. A maximum of 4 residents in RC-PH category. The home is approved to provide care on a day basis only to 5 persons.</p>
<p>Categories of care: 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>Number of residents accommodated in the residential care home on the day of this inspection: 55</p>
<p>Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 56 persons. The home is divided into four units, three on the ground floor and one on the lower ground floor. The Lodge, Cathedral View and Mews provide general residential care and the Main House provides care to residents with dementia. Resident bedrooms are located over the two floors. Residents have access to communal lounges, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 May 2021 at 9.30 am 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.

Ten areas for improvement were identified in relation to the environment, staff training, record keeping and infection control.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, people who visit them and staff, are included in the main body of this report.

Improvements were required to ensure safe and effective care in the home. RQIA were assured that the home delivered compassionate and dignified care and that the home was well led.

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 residents and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 10 residents and six staff. We received no returned questionnaires. Residents spoke positively on living in Fairlawns and in their engagements with staff. They told us that they were comfortable and complimented the cleanliness of the home. We observed 12 residents enjoying activities during the inspection. Staff consulted confirmed that they were happy working in the home and enjoyed engaging with residents. One partial staff response was received from the online survey indicating dissatisfaction that the home provided safe and compassionate care or that the home was well led but offered no rationale for their answer.

5.0 The inspection

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

The last inspection to Fairlawns was undertaken on 15 October 2020 by a care inspector.

Areas for improvement from the last inspection on 15 October 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 3 (c) Stated: First time	The registered person shall ensure that fire escapes are kept clear.	Not met
	Action taken as confirmed during the inspection: During the inspection we observed storage including combustible materials under the stairwell. This area for improvement has not been met and will be stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 22.2 Stated: First time	The registered person shall ensure there is a policy in place to manage requests for access to care records.	Met
	Action taken as confirmed during the inspection: A review of the policy evidenced that this area for improvement has been met.	

Area for improvement 2 Ref: Standard 20.1 Stated: First time	The registered person shall ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends. This review should be completed on a unit by unit basis.	Met
	Action taken as confirmed during the inspection: A review of falls analysis confirmed that this area for improvement has now been met.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the residents.

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. The majority of training during the COVID pandemic had been completed electronically. However, a review of the training compliance in the home evidenced gaps in the training where training had either not been completed or had lapsed. This was discussed with the manager and identified as an area for improvement. The manager confirmed plans to implement the role of an in-house trainer as a means to meet the training deficit. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

Staff spoke positively in relation to the teamwork in the home. Staff told us, "It's good; everyone gets along with everyone". Staff were observed to communicate well with each other during the inspection.

All staff consulted were of the opinion that the staffing arrangements were sufficient in meeting the residents' needs. The staff duty rota accurately reflected all of the staff working in the home on a daily basis including temporary staff. The duty rota identified the person in charge of the home when the manager was not on duty. When staff presented to work they were allocated to the unit they would be working on by a senior care assistant. Residents did not raise any concerns in relation to the staffing arrangements. During the inspection staff were observed to attend to residents' needs in a caring and timely manner.

Residents said the staff were 'very helpful and pleasant' and the home was always clean. Another commented on how good the staff were to them and how happy they were living there. Two additional staff were employed to provide activities in the home which residents told us they enjoyed very much.

Checks had been made to ensure care workers maintained their registrations with the Northern Ireland Social Care Council (NISCC). We discussed methods in which to enhance and further evidence effective monitoring of each staff members' application/registered status. Information sent to RQIA following the inspection confirmed that all staff had either applied or were in the process of applying for registration or were registered with NISCC. A new system for monitoring had been commenced and this will be reviewed at a subsequent care inspection.

The manager was supported by a deputy manager and a business manager to assist in the running of the home.

There were safe systems in place to ensure staff were recruited properly and that residents' needs were met by the number and skill of the staff on duty. An area for improvement was identified to ensure that staff maintained compliance with mandatory training.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. An adult safeguarding champion had been appointed for the home. Staff told us they were confident about reporting any concerns about residents' safety.

Residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Residents told us that they would have no issues in raising concerns with the home's staff. A complaints record was maintained to evidence any complaints received and the corresponding actions and investigations. Complaints were monitored monthly in the home.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails and/or alarm mats. Review of resident records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. Risk assessments had been completed, consent obtained and a care plan developed to guide the management of the practice.

Each of the units in the home were locked to persons from entering or leaving the unit. There were no individual deprivation of liberty care plans to identify which and how residents could access or leave the home when they wanted to or to account for the reasons they could not. This was discussed with the manager and identified as area for improvement.

An adult safeguarding champion had been identified in the home. Staff were confident in reporting any concerns to management and residents confirmed that they would have no issue in reporting concerns to staff. Any complaints received were investigated and monitored. The necessary checks were made and documented when a restrictive practice was implemented.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Two doors leading to residents' bedrooms were observed to have been propped open preventing closure in the event of a fire. This practice was identified as an area for improvement. Combustible items were also identified under a stairwell in the home. An area for improvement in this regard has been stated for the second time.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Chemicals were observed accessible to residents in four separate areas in the home which could be harmful to residents if ingested. This was discussed with the manager and identified as an area for improvement to ensure that Control of Substances Hazardous to Health (COSHH) legislation was adhered to.

Discussion with staff and observation of the environment identified that sufficient staff facilities had not been made available for staff to change or store personal belongings. Eight lockers were available for staff to store belongings, although, there were around 16 staff working on the day of inspection. This led to some staff inappropriately storing their belongings in breach of best practice on IPC compliance. This was discussed with the manager and identified as an area for improvement.

Residents were complimentary in relation to the environment and with the cleanliness in the home.

5.2.4 How does this service manage the risk of infection?

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear PPE such as aprons, masks and gloves. The manager confirmed that they were reviewing the visiting arrangements to ensure that they were managed in line with Department of Health and IPC guidance recently issued.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Infection control audits had been completed on a monthly basis. Staff were observed to be compliant with use of PPE, although, during the inspection we observed five staff in care areas who were wearing wrist watches which would inhibit effective hand hygiene. This was discussed with the manager and identified as an area for improvement.

The environment was maintained in compliance with best practices on IPC. Isolated issues identified were managed during the inspection. The home was clean and domestics were on duty to maintain the cleanliness of the home. Cleaning records were maintained. An area for improvement was identified to ensure that the pull cords in use throughout the home were either covered or replaced to ensure that these could be effectively cleaned.

Within the laundry there was evidence that unlabelled net pants had been laundered for re-use. Net pants are used to hold continence products in place and should be single use only unless designated for one resident's use. This was discussed with the manager and identified as an area for improvement.

The risk of infection was monitored during infection control audits. While we found the home's environment largely compliant with best practice on infection prevention and control, improvement was required with staffs' practice in ensuring that they remained bare below the elbow to facilitate effective hand hygiene.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time?

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences. Any change to the care need was discussed with relevant staff at the time and amended on care records.

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. This was good practice.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, use of an alarm mat. There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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 could include simple encouragement through to full assistance from staff. Residents' weights were monitored monthly, or more often if required, for weight loss and/or weight gain. Nutritional care plans were in place identifying specific nutritional requirements for each resident.

Staff were knowledgeable of residents' nutritional needs. Residents had a choice of meal and alternatives were provided when the resident did not prefer either choice. The food served was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The mealtime was a pleasant and unhurried experience for the residents. If required, records were kept of what residents had to eat and drink daily. Residents spoke positively in relation to the food provision in the home.

Staff were observed providing compassionate and dignified care throughout the inspection. Staff communicated well with one another. The mealtime was a pleasant experience for the residents.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs should be assessed at the time of their admission to the home. Following this initial assessment care plans need to be developed to direct staff on how to meet residents' needs. We reviewed the care records for a resident who had been admitted and found that no assessments or care plans had been completed some two weeks following the admission. This was discussed with the manager and identified as an area for improvement.

Residents care records were held confidentially. Four care records were reviewed during the inspection. As this was a residential care home emphasis had been placed on the social model of care. A range of physical and social assessments had been completed and reviewed monthly such as risk of falls and safe moving and handling. Assessments had informed residents' care plans. Activity staff maintained social activity care plans. We discussed keeping a copy of this with the residents' main care records.

Care assistants who provided care to the residents were the ones who completed the daily evaluations of care within the care records. A guide was available to assist all staff in completing the care records. We discussed the importance of ensuring that all staff date, time and sign every entry that they make on the care records.

While most residents' care records had been maintained well, improvements were required with timely completion of records on admission. Records had been maintained confidentially.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. A programme of activities was available for review. Activities included chair based exercises, sing-a-long, art therapy, trivia, pet therapy, dance, karaoke and movies. The activity provision policy in the home had been recently updated. We observed 12 residents enjoying a group activity in the dayroom of the Main House.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls and additional technology had been made available to support this. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents. A care partner consulted during the inspection confirmed that the arrangement had been working very well for them and their family member. They found the staff to be very good and kind and confirmed that they were made to feel welcome anytime they came to the home.

Residents chose how to spend their day in the home and in which area to spend it. They could engage in the arranged activities in the home or with their own preferred activity such as reading, watching television or going for a walk.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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.

There has been no change in the management of the home since the last inspection. Mr Tony Hart has been the registered manager in this home since 11 December 2019. The manager and members of the team completed regular audits to include accidents/incidents, complaints, care records, infection control, staff registrations, residents' weights and medicines management.

There was a system in place to manage complaints. There was evidence that the manager ensured that the complaints reviewed were managed correctly and that good records were

maintained. Residents said that they knew who to approach if they had a complaint and confirmed that they would have no issue in bringing any concerns to the home's staff and management team. A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of 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. These were available for review by residents, their representatives, the Trust and RQIA.

Systems were in place to monitor the quality of services and drive improvements. Complaints had been managed well and compliments shared with staff. Accidents had been managed appropriately and there was good communication between the homes management and staff.

6.0 Conclusion

Based on the inspection finding 10 areas for improvement were identified in relation to safe and effective care. We are satisfied that care is being provided in a caring and compassionate manner and that the home is well led.

There were safe systems in place to ensure staff were recruited properly and that residents' needs were met by the number and skill of the staff on duty. An area for improvement was identified to ensure that staff maintained compliance with mandatory training. An adult safeguarding champion had been identified in the home. Staff were confident in reporting any concerns to management and residents confirmed that they would have no issue in reporting concerns to staff. Any complaints received were investigated and monitored.

The necessary checks were made and documented when a restrictive practice was implemented. Residents were complimentary in relation to the environment and with the cleanliness in the home. The risk of infection was monitored during infection control audits. While we found the home's environment largely compliant with best practice on infection prevention and control, improvement was required with staffs' practice in ensuring that they remained bare below the elbow to facilitate effective hand hygiene. Staff were observed providing compassionate and dignified care throughout the inspection. Staff communicated well with one another.

The mealtime was a pleasant experience for the residents. While most residents' care records had been maintained well, improvements were required with timely completion of records on admission. Records had been maintained confidentially. Residents chose how to spend their day in the home and in which area to spend it. They could engage in the arranged activities in the home or with their own preferred activity such as reading, watching television or going for a walk. Systems were in place to monitor the quality of services and drive improvements.

Complaints had been managed well and compliments shared with staff. Accidents had been managed appropriately and there was good communication between the homes management and staff.

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/or the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	5*	5

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tony Hart, Registered Manager and Jeanette Toner, Business Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 4 (c) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that fire escapes are kept clear. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: Stairwell has increased lighting and Fire Detection fitted. Area is now covered in with half hour minimum fire break walls and self closure lockable door. Extra outside storage area to accommodate the increasing numbers and types of equipment has been agreed with works to be completed before end of August 2021).

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the practice of propping open doors, or placing items in front of open doors preventing them from closing in the event of a fire, ceases with immediate effect.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: DRU's linked to fire detection system have been fitted to both bedrooms and to double doors at stairwell. Formal / recorded staff supervision has taken place and issue discussed further at last Senior care Meeting attended by all Senior Carers.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (3) (a) (i) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The registered person shall review the provision of staff facilities to ensure staff have adequate storage provision for personal belongings and a changing facility.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Eight new lockers with clothes hanging facility ordered (delivery due in 6 weeks). Quiet room in six bed Mews unit has been designated a staff area with the shower / toilet facility designated and signed as staff area. Rearrangements discussed with residents in the Mews and an additional Television supplied to the Mews dining area.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken: Individual formal supervision has been undertaken with senior care staff and the above area for improvement discussed at full attendance senior care meeting on May 18th. Audit of care plans by deputy manager is on going. Recent audits have shown recent admission documentation are being completed in a timely manner.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2021</p>	<p>The registered person shall ensure that a system is developed to ensure compliance with staffs' mandatory training in a timely manner.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Further system checks / audits put in place identifying staff who are not compliant with their statutory training. Those staff identified have been issued with formal notices reminding them of their obligations and of the agreement reached with them at interview. Staff who have not managed (with support) to undertake their mandatory training within a stipulated time frame have been removed from the rota until training has been completed. One member of staff not availing of support has had her contract terminated.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2021</p>	<p>The registered person shall ensure that individualised deprivation of liberty care plans are developed for all residents living within locked units in the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Completed by senior care staff following discussion at senior care meeting. Recent audit has shown these to be completed.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2021</p>	<p>The registered person shall ensure that training provided on infection prevention and control is embedded into practice. This is in relation to staff remaining bare below the elbow to promote effective hand hygiene.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Hand hygiene audit undertaken and recorded. Effective hand hygiene practices discussed at each morning handover with all staff, plus formal supervision undertaken & recorded with non compliant staff. The use of wrist watches has ceased and staff are reminded of same as they lapse.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The registered person shall ensure that pull cords in use in the home are covered or replaced so that they can be effectively cleaned on a regular basis.</p> <p>Ref: 5.2.4</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Specialised wipeable pull cords purchased with works schedule commenced but not yet completed due to delayed delivery of materials. Work is on going and we hope to complete by July 31st.</p> <p>The registered person shall ensure that net pants in the home are for individual resident use only.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Practice ceased with immediate effect. Staff discussions daily at handovers.</p>

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