

Inspection Report

12 May 2023



Fairlawns

Type of service: Residential Care Home
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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 11 residents in category of care RC-I. 1 named individual accommodated in Fairlawns House under category of care RC-I. All other category RC-I residents to be accommodated in Fairlawns Lodge. A maximum of 2 residents in category RC-MP. A maximum of 4 residents in RC-PH category. The home is approved to provide care on a day basis only to 5 persons</p>
<p>Categories of care: 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: 53</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 was undertaken on 12 May 2023 from 10.00am to 4.15pm, 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.

We found that the home was clean and free from odours. Bedrooms were personalised and reflected items which were important to the residents.

Residents advised us that they were safe and well cared for in the home. Staff interactions with residents and relatives were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents. Staff told us that they were well supported in their roles by the management team and management were all approachable.

Two new areas requiring improvement were identified during this inspection and one area was stated for the second time. These are discussed in the main body of the report and detailed in the quality improvement plan.

RQIA will be assured that the delivery of care and service provided in Fairlawns will be safe, effective, compassionate and well led in addressing these areas for improvement.

The findings of this report will provide the manager 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.

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.

4.0 What people told us about the service

We spoke with residents who told us that they were happy living in the home. Residents stated “I couldn’t praise it more; I want for nothing. If you want anything, just ask and they will come immediately. Nothing is a problem. I feel so safe in here” “I like it in here and the kindness of staff; it would be hard to find a place as good. The food is very good” and “It’s a good place; they are very good to you in here.”

We observed compassionate and supportive interactions between staff and the residents. Staff told us that there was a “fairly good staff team in Fairlawns” and they all worked well together. We found staff to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff reported that the residents in the home were safe and well cared for.

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 2 November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (c) Stated: First time	The registered person shall ensure that the lift to the lower ground floor is repaired. Ref: 5.1 Action taken as confirmed during the inspection: Discussion with the manager confirmed that the lift will not be repaired and is no longer required.	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 12.9 Stated: First time	The registered person shall ensure that all meals are covered during transportation to residents who choose to have their meals in their bedrooms. Ref: 5.1	Not met

	<p>Action taken as confirmed during the inspection: During the inspection we observed meals being transported without being covered.</p> <p>This area for improvement will be stated for the second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 22.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all records of all staff training are retained in the home. Such records should be readily available for inspection.</p> <p>Ref: 5.2.1</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence to confirm that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

We reviewed the staffing arrangements in the home. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota recorded the full names and grades of staff and identified the person in charge when the manager was not on duty. We observed that the manager's hours were not recorded on the rota. This was identified as an area for improvement.

The manager told us that the staffing arrangements were reviewed regularly to ensure that any changing needs of the residents were met. It was noted on the day of the inspection that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff reported that at times it can be difficult in the instance of short notice sick sickness; but alternative cover is usually sourced.

There was a system in place to ensure that staff were trained and supported in their roles. Records of staff training were available during the inspection.

Staff were appropriately registered with their professional body. Newly appointed staff were supported to register with the Northern Ireland Social Care Council (NISCC) within the required timeframe.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff reported that this was a supportive team and they all work well together. Staff advised that they could easily approach any of the management team and would be confident this would be addressed.

Residents commented that they “felt safe and well cared for” in the home; and that “they are very helpful and enjoyed the food.”

5.2.2 Care Delivery and Record Keeping

The home had a relaxed atmosphere and compassionate interactions were observed between residents and the staff.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

We review the records of daily allocation sheets which are completed at the change of shift. This record records a brief overview in relation to residents, any follow up required, the environment and any specific issues identified. This provided the manager with an up to date position of the situation in the home and facilitated good communication with the staff team.

Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences. 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. We observed staff reassuring residents who were distressed or upset; this was undertaken in a compassionate and caring manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff were seen to socialise with residents throughout the lunchtime meal. The mealtime was observed to be a pleasant and unhurried experience with adequate staff supervision in place. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Residents and staff spoke highly of the of the food provision within the home. The food was attractively presented and smelled appetising. There was a choice of meal provided and a variety of drinks were available. Staff were knowledgeable in relation to residents’ nutritional requirements and a record of this was maintained in the kitchen. The tables were set with condiments and the daily menu was displayed.

We observed meals being transported uncovered to residents who chose to have their meals on their own. This area for improvement was stated for the second time.

We reviewed care records and found that residents’ individual likes and preferences were reflected throughout the records. 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. There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain.

A review of records in relation to the management of falls identified that falls care plans and risk assessments were reviewed in a timely manner following a fall.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and well maintained. Resident bedrooms were found to contain items which were important to them. The home was fresh smelling. We observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

We could see that fire exits and corridors were clear and free from obstruction.

We observed the laundry door and sluice room door to be unlocked on a number of occasions throughout the inspection, despite keypad locks being in place. This posed a potential risk to the safety and wellbeing of residents as there were harmful substances easily accessible to residents. This was concerning as this has been previously raised. This was identified as an area for improvement.

We identified a number of minor issues which required to be addressed in the environment. These were discussed with the manager during the inspection and confirmation was provided following the inspection that these were addressed.

There was evidence throughout the home that a programme of redecoration was ongoing. The manager also reported that they are in the process of installing improved emergency lighting and thermostat controls for heating.

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

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

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed 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.

We noted that where residents preferred to have a lie in or stay up late; this was facilitated by staff and staff were knowledgeable in relation to individual habits and preferences.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Anthony Hart is the registered manager.

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. The manager was identified as the appointed safeguarding champion for the home. It was established that there were systems and processes in place to manage the safeguarding and protection of vulnerable adults. Staff presented as knowledgeable with regards to the safeguarding process and a review of the training records confirmed that staff had completed their mandatory safeguarding training.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home such as regular audits of infection prevention and control and the environment.

The home was visited 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 are available for review by residents, their representatives, the Trust and RQIA.

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) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	1	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Tony Hart, registered 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 14 (2) (a) (b) and (c) Stated: First time To be completed by: With Immediate effect	The registered person shall ensure that there is effective management of risk to residents. This relates specifically to: <ul style="list-style-type: none"> • the laundry room door and sluice room door should be secured and inaccessible to residents Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff supervision undertaken on the day of inspection evidenced by record. Issue highlighted in daily handover to staff in the week following inspection. Unannounced check of these areas undertaken by the registered person on their Regulation 29 visit. Daily checks undertaken by the Registered manager.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for Improvement 1 Ref: Standard 12.9 Stated: Second time To be completed by: With Immediate effect	The registered person shall ensure that all meals are covered during transportation to residents who choose to have their meals in their bedrooms. Ref: 5.1
	Response by registered person detailing the actions taken: Supervision undertaken with kitchen staff with record of supervision held. Issue included in staff handovers until issue improved. Registered manager daily monitoring highlighting issue with staff as and when it occurred.
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: With Immediate effect	The registered person shall ensure that the hours worked by the manager are recorded on the duty rota. Ref: 5.2.1
	Response by registered person detailing the actions taken: Recorded on duty rota from week commencing May 22 nd 2023.

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



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