

Unannounced Care Inspection Report 15 October 2020



Fairlawns

Type of Service: Residential Care Home
Address: 63 Drumcairn Road, Armagh BT61 8DQ
Tel no: 02837525074
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards. August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 56 residents.

3.0 Service details

| | |
|--|---|
| <p>Organisation/Registered Provider: Fairlawns</p> <p>Responsible Individual: Michael Murphy</p> | <p>Registered Manager and date registered: Anthony Edward Hart 11 December 2019</p> |
| <p>Person in charge at the time of inspection: Anthony 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 home on the day of this inspection: 51</p> |

4.0 Inspection summary

An unannounced inspection took place on 15 October 2020 from 10.00 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to establish if the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and governance.

Residents told us they were happy in the home. Examples of their comments are provided throughout the report.

Areas of good practice were identified with regard to care delivery, staff understanding of each patient's needs, the dining experience and effective team work throughout the home.

Areas for improvement were identified with fire safety, the policy for accessing care records and analysis of falls.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 2 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anthony Hart, registered manager and Lorna Connolly, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- duty rota for week commencing 12 October 2020
- staff supervision matrix
- a selection of audits
- monthly monitoring reports
- complaints and compliments records
- incident and accident records
- two residents' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 December 2019.

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time | The registered person shall ensure that the practice of propping doors open is ceased with immediate effect. | Met |
| | Action taken as confirmed during the inspection: The management of fire doors was discussed the manager who confirmed that following the previous inspection all of the door closures were changed to door release units which automatically hold doors open and release when the fire alarm is activated. We did not observe any fire doors propped open. This area for improvement has been met. | |

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the residents' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide support. The staff reported that there was enough staff to comfortably meet the needs of residents. Staff told us that they felt well supported in their roles and were satisfied with the staffing levels. It was obvious from the relaxed interactions with the residents that the staff were familiar with them and knew them well. Patients told us:

“Staff take good care of everyone.”

“I can’t speak highly enough of the staff, no matter what you need they’re there at your elbow, even in the middle of the night.”

“All the staff are great.”

We spoke with nine members of staff, all of whom displayed commitment and empathy towards the residents; they had a good knowledge and understanding of residents’ individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, residents and relatives.

We provided questionnaires in an attempt to gain the views of relatives, residents and staff who were not available during the inspection. Unfortunately there were no responses received.

6.2.2 Care delivery

We arrived in the home mid-morning. The majority of patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible and taking into account their ability to understand the pandemic situation. Patients were warm and comfortable. They told us:

“I’m safe enough here.”

“You get some service.”

“I’m very happy and comfortable.”

“I love it here, I have a great view.”

“Everyone is wonderful and the food is really good.”

“We’re safer in here.”

We joined the residents in the dining room for lunch in the dementia unit. The atmosphere was calm and relaxed and the dining tables were nicely set; the residents were provided with napkins and a range of condiments. The serving of lunch was well organised. There was a choice of two dishes; the meals were appetising and nicely presented. Food questionnaires were recently completed to get the residents’ opinion on the menu choices; these will be reviewed by the chef and will inform the winter menu. Residents were assisted with their lunch in a timely manner and we observed relaxed interactions between residents and staff throughout the mealtime. Staff wore the correct PPE while in the dining room.

We discussed the arrangements for visiting with the manager who explained that visiting was currently being facilitated in the outdoor spaces to the rear of the home. These can be accessed directly without visitors having to come into the home. Some relatives also visit their loved ones at their bedroom window. We discussed the arrangements for visiting as the weather turns colder and outside visits become more difficult. The manager confirmed that visiting arrangements were being reviewed, a Perspex screen had been obtained and a suitable area for indoor visiting was currently being considered. There were separate visiting arrangements for end of life care.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“...(resident) was soon back on his feet again walking much better, this was in no small way the result of the excellent care he received from staff.” (August 2020)

“Thanks for all your care during my stay. You all spoilt me rotten.”

“Thank you for looking after my (relative) – I really appreciate all you do. Stay safe.”

As previously mentioned we provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses received.

6.2.3 Care records

We reviewed two care records. Care records contained assessments of needs, care plans and associated risk assessments. Care records were individualised and written in a person centred manner and were regularly reviewed. Other healthcare professionals, for example speech and language therapists (SALT), dieticians and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

The pre-admission assessment documents contained a section to identify if the resident was subject to any applications of deprivation of liberty (DOLS). We discussed the importance of recording what safeguards were in place and what was in progress prior to admission. The manager agreed to address this. Care records in the home contained details of DOLS in place and confirmed that the appropriate safeguards were in place in accordance with legislation.

We discussed the home's policy for access to care records. The manager explained that to date any requests have been agreed in conjunction with the relevant health and social care trust. The home should have a local policy to manage requests for access to care records; this was identified as an area for improvement.

6.2.4 Infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature and a self-declaration of health; hand sanitiser and PPE were available at the entrance to the home. Signage had also been placed at the entrance to the home which provided advice and information about COVID-19. Staff and resident temperatures were being checked and recorded. Staff and residents were tested regularly as part of the national testing programme for care homes.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and visors appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. We discussed the management of self isolation and social distancing and the challenges for those residents with dementia. Residents in other units of the home were well informed of the global pandemic and the importance of social distancing; they told us they felt safe in the home. Records evidenced that regular IPC audits were completed.

6.2.5 Environment

The atmosphere in the home was relaxed and well organised, warm, comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and

included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. Domestic staff were knowledgeable of the management of the cleaning of the bedrooms were patients were self-isolating.

We observed a number of items of furniture stored under a stairwell. This was brought to the attention of the manager and confirmation was received the next day that these items had been removed. Fire escapes must be kept clear; this was identified as an area for improvement.

6.2.6 Leadership and governance

There have been no changes to the management arrangements since the previous inspection. The manager continues to be well supported by the deputy manager and the responsible person.

A number of audits were completed on a monthly basis to ensure the safe and effective delivery of care, for example IPC practices. At the time of the inspection there was no regular review of falls to identify any patterns and trends for example with the location, time and nature of the accidents. This was identified as an area for improvement.

The monthly visits required to be undertaken to review the quality of the services provided have been completed with the manager in their office with no footfall in the residential areas due to the current Covid-19 pandemic. Reports of these visits included an action plan of any improvements required; the action plan was reviewed at the subsequent visit and progress made commented on in the report.

Areas of good practice

Areas of good practice were identified with regard to care delivery, staff understanding of each patient's needs, the dining experience, the provision and usage of PPE and effective team work throughout the home.

Areas for improvement

Areas for improvement were identified with fire safety, the policy for accessing care records and analysis of falls.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 2 |

6.3 Conclusion

Patients were well cared for, content and settled and reported that they felt safe in the home. Staffing levels were satisfactory and staff felt well supported in their role.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anthony Hart, registered manager and Lorna Connolly, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27 3 (c) Stated: First time To be completed by: Immediate from the day of inspection. | The registered person shall ensure that fire escapes are kept clear. Ref: 6.2.5 Response by registered person detailing the actions taken: Under stairs area cleared following inspection and confirmed the following day to inspector. Area is now audited by home manager on at least a weekly basis. |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 22.2 Stated: First time To be completed by: 12 November 2020 | The registered person shall ensure there is a policy in place to manage requests for access to care records. Ref: 6.2.3 Response by registered person detailing the actions taken: Policy 011 - version 7 has been reviewed with amendments to request for access (Paragraph 8) and with addition of GDPR (Paragraph 2) |
| Area for improvement 2 Ref: Standard 20.1 Stated: First time To be completed by: 12 November 2020 | 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. Ref: 6.2.6 Response by registered person detailing the actions taken: Falls are now reviewed and analysed on a monthly basis through the addition of tables within the Regulation 29 documentation. |

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



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