



The Regulation and
Quality Improvement
Authority

Fairlawns
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**Unannounced Care Inspection
of
Fairlawns**

22 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 22 September 2015 from 10.30 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	2	1

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

2. Service Details

Registered Organisation/Registered Person: Fairlawns	Registered Manager: Claire Patricia Cassidy
Person in charge of the home at the time of inspection: Claire Cassidy	Date manager registered: 1/4/2005
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 14: The death of a resident is respectfully handled as they would wish.

4. Methods/Process

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

We met with 30 residents, four care staff and the registered manager. We inspected the following records: four care records, accident / incident reports, fire safety records, complaints/compliments and policies and procedures available relating to dying and death.

Ten staff questionnaires were distributed during the inspection. Four staff questionnaires were returned within the required timeframe.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced finance inspection dated 29 June 2015. The completed QIP was returned and was approved by the finance inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.1	The home has details of each resident's General Practitioner (GP), optometrist and dentist. <ul style="list-style-type: none"> Each resident's General Practitioner (GP), optometrist and dentist should be noted in the resident's care records. Ref: Section 9, Criterion 9.1	Met
	Action taken as confirmed during the inspection: The five care records examined contained the details of each resident's General Practitioner (GP), optometrist and dentist.	
Recommendation 2 Ref: Standard 6.3	It is recommended that the registered person should review and further develop the care plans relating to residents with continence issues. Ref: Section 9, Criterion 9.3	Met
	Action taken as confirmed during the inspection: The five care records examined reflected detailed care plans in regard to the management of continence.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. The registered manager and staff shared their experiences of recent deaths in the home.

The home had a spiritual ethos. Spiritual emblems were observed within resident's bedrooms. Clergy and lay ministers visited the home throughout the week on a regular, planned basis.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences. The staff shared their experiences of dealing with a deceased resident.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

Is care effective? (Quality of management)

We noted that the home had written policies in place in regard to the death of a resident and end of life care.

The registered manager and staff confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

The registered manager and deputy manager had completed training on end of life care in May 2015.

We noted that care records contained basic information regarding resident's preferences in relation to end of life care. Spiritual and cultural wishes were recorded within care records. Advanced care plans were in place.

The registered manager advised us that she is in the process of issuing a new document to ascertain in more detail, the wishes of residents at end of life stage. A copy of this document was available for inspection. This document when completed with the resident would detail the wishes of the resident or representative following their death. This practice is to be commended.

Is care compassionate? (Quality of care)

In our discussions with staff and the registered manager they shared their experience of a recent death in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home in helping residents and staff deal with dying and death.

The registered manager and staff advised us that residents were informed of the death of a fellow resident individually and in a sensitive manner. In our discussions with the staff they confirmed that residents were assisted to visit the deceased resident if they so wished.

Areas for improvement

There were no areas of improvement identified with the standard inspected. This standard was met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Resident's views

We met with 30 residents. We observed residents relaxing in the communal lounge area. Activities were underway during the inspection. The hairdresser was also present in the morning. 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. Some comments made were:

- "I want to stay as long as I can because I am happy here."
- "The staff are very good. If you don't feel well you can have a lie on. I am very happy in here. I have no complaints. "
- "Its home; the staff couldn't do enough for you and they are very pleasant. The food is first class and they cater for what I want."
- "The food is good and I am happy in here."

Six resident questionnaires were returned. No areas of concern were noted.

5.4.2 Staff views

We spoke with four staff members individually, in addition to the deputy manager and registered manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. Some comments made by staff were:

- "The care here is very good; residents are allowed to make their own choices and everybody gets on well."
- "I very much enjoy coming to my work. If any relative of mine needed care, I would have no hesitation in them coming here."
- "There is good teamwork here and good communication. Both the deputy manager and registered manager are very approachable."
- "I enjoy working here and I enjoy the residents here."

Ten staff questionnaires were distributed during the inspection. Four were returned within the required timeframe. No areas of concern were identified.

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. Spiritual emblems were observed within resident's bedrooms. Décor and furnishings were found to be of a satisfactory standard.

We observed four areas within the environment which raised concern in regard to infection prevention and control. A raised toilet seat frame within one disabled toilet was rusted. The top layer of the furniture within the conservatory was worn and could not be effectively cleaned. A malodour was identified within one resident's bedroom. A sink unit within one resident's ensuite

facility was not properly secured to the wall. A recommendation was made to ensure these four areas are addressed.

The registered manager subsequently confirmed by email that the furniture in the conservatory had been disposed of and replaced with a new suite of furniture on 25 September 2015. The registered manager also confirmed that a deep clean was undertaken in the identified resident's bedroom to address the malodour. The mattress and armchair in the resident's bedroom were also disposed of and replaced.

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. We observed residents to be well dressed.

5.4.5 Accidents / incident reports

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

5.4.6 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 1 September 2014 and was no longer current. A requirement was made to ensure this is addressed as a matter of urgency.

The registered manager subsequently confirmed by email that the fire safety risk assessment had been arranged for 29 September 2015.

We reviewed the fire safety records and could confirm that fire safety training was undertaken on 13 January 2015 and 22 January 2015 by 32 staff. Ten staff members had not completed any fire training in 2015. A requirement was made to address this matter. The registered manager subsequently confirmed that fire training for staff was planned for 22 October 2015 and 29 October 2015.

The registered manager confirmed that a fire drill took place on 11 March 2015. This was also recorded within fire safety records. The records identified that different fire alarms were tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.3.8 Complaints /compliments records

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

Areas for improvement

There were three areas of improvement identified within these additional areas inspected.

Number of requirements:	2	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 and Ruth Brimage, deputy 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 DHSSPS 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

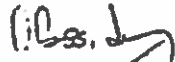


Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 22 October 2015	<p>The registered person must ensure that a fire safety risk assessment is undertaken as a matter of urgency.</p> <p>Response by Registered Person(s) detailing the actions taken: Fire Risk Assessment carried out on 29/09/2015</p>
Requirement 2 Ref: Regulation 27 (4) (e) Stated: First time To be completed by: 31 October 2015	<p>The registered person must ensure that all persons working at the home receive up to date fire training from a competent person.</p> <p>Response by Registered Person(s) detailing the actions Taken: Fire awareness training has been scheduled for 22/10/15 and 22/9/15. Importance of attendance has been discussed with staff. Record of attendance will be monitored in training record.</p>

Recommendations

Recommendation 1 Ref: Standard 35.1 Stated: First time To be completed by: 22 November 2015	<p>The registered person should address the following environmental issues in regard to infection prevention and control:</p> <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 <p>Response by Registered Person(s) detailing the actions taken: Raised toilet seat frame has been removed and replaced. Toilet, sink and flooring replaced Suite of furniture in conservatory disposed off. Replaced with new suite of furniture. Malodour in one identified bedroom addressed, residents armchair and mattress disposed of and replaced. Deepclean of bedroom undertaken. Daily cleaning of room and attention to odour control on going. All personal belongings checked, cleaned and tidied Repair carried out to sink in one identified bedroom</p>
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Registered Manager Completing QIP		Date Completed	20/10/15
Registered Person Approving QIP		Date Approved	20/10/15
RQIA Inspector Assessing Response		Date	9.11.15