

Inspection Report

31 July 2024



Fairlawns

Type of service: Residential Care Home
Address: 63 Drumcain 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 Care Home Ltd</p> <p>Responsible Individual: Mrs Claire Patricia Cassidy</p>	<p>Registered Manager: Mrs Lorna Conly</p> <p>Date registered: 22 May 2024</p>
<p>Person in charge at the time of inspection: Mrs Lorna Conly</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>The manager must complete the required qualification by 31 December 2024.</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: 53</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 56 residents. The home is divided into four units across two floors. All residents are accommodated in single bedrooms and a number of these have ensuite bathrooms. Residents also have access to communal spaces and dining areas.</p>	

2.0 Inspection summary

An unannounced inspection took place on 31 July 2024 from 9.55am to 5.30pm, 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.

The home was found to be warm, welcoming and clean. Bedrooms were personalised with items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Four new areas of improvement were identified during this inspection and one area for improvement was stated for the second time.

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

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 returned quality improvement plan, 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.

Questionnaires 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 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents stated that they were “happy” and that the staff were “good to them and “if you want anything, just ask.” Residents described the staff as being helpful. Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Fairlawns and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents and this was reviewed regularly. Staff were found to be knowledgeable of residents’ needs and preferences and they were able to provide support and reassurance to residents, when required. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable and proactive. Staff commented that morale had improved within the team.

One relative spoken with advised that this was a good place, it was well maintained and that their relative was well looked after.

Three questionnaires were returned from relatives following the inspection. Comments made on the questionnaires included: “professional, transparent, regular and timely communication and good oversight by senior care staff.” Further comments were: “all the staff are very helpful and attentive, there are always plenty of staff and our relative is treated promptly and effectively” and “excellent in all respects.”

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 5 December 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall ensure that there is a robust system in place to ensure staff registration with their relevant professional body is maintained. This should be checked and signed off, by the manager.	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time</p>	<p>The registered person shall undertake a review of the staffing arrangements with particular reference to:</p> <ul style="list-style-type: none"> • The provision of senior care staff on night duty • The provision of designated laundry staff in the home <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 3 Ref: Regulation 16 (1) Stated: First time</p>	<p>The registered person shall ensure that a detailed assessment and care plan is put in place, in consultation with the resident and the aligned named worker, so as to provide adequate detail to direct resident care delivery. This relates specifically to:</p> <ul style="list-style-type: none"> • Mental health needs • Nutrition needs <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met.</p> <p>This area for improvement will be stated for the second time.</p>	Partially met
<p>Area for improvement 4 Ref: Regulation 27 (4) (b) Stated: First time</p>	<p>The registered person shall ensure that all corridors and fire exits are clear and free from obstruction.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

<p>Area for improvement 5</p> <p>Ref: Regulation 30 (1) (d) (ii)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all incidents which affect the health, care and welfare of residents are reported to RQIA, without delay.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure adequate provision of curtains to assist in the maintenance of privacy and dignity of residents.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall address the odour identified in one bedroom.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p>	<p>The registered person shall review the provision of laundry services in the home to ensure that the laundry room is organised and that there is a clear system in place for the management of laundry.</p> <p>In addition, staff should also be knowledgeable in relation to the correct use of laundry bags for soiled laundry.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

Area for improvement 4 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that a monthly audit of accidents and incidents is completed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 31 Stated: First time To be completed by: Immediately and ongoing (22 April 2024)	The registered person shall ensure that handwritten medication administration records include the start date. Ref: 5.1	Carried forward for review to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 32 Stated: First time To be completed by: Immediately and ongoing (22 April 2024)	The registered person shall ensure that systems are in place to remove expired medicines. Ref: 5.1	Carried forward for review to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

Any person who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Arrangements were in place to ensure that staff appraisals and supervision were completed.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on the level of training and how it was provided.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager's hours were recorded.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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 observed assisting residents with meals where required. Residents received assistance in preparing for meals; to mobilise to the dining room and assistance with clothing protectors, if needed. The dining room was comfortable and calm. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. It was noted that the daily menu was not displayed. This was identified as an area for improvement.

Whilst staff were providing the correct level of supervision during meal times, as recommended by speech and language therapy (SALT); it was noted that contradictory information was displayed in the kitchen in relation to the type of modified diet required for residents. Furthermore, a number of staff were unclear in regards to the SALT recommendations for residents as recommended by SALT. This was identified as an area for improvement to devise a clear and up to date system to direct staff in relation to residents who require modified diets as prescribed by SALT.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain with appropriate action taken when weight loss was identified.

Care records were held electronically and were found to be person centred. Residents' individual likes and preferences were reflected throughout the records.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Care plans were in place in relation to residents who require support with their dementia needs. However, it was noted that care plans in relation to nutrition did not consistently detail the needs of the residents. This area for improvement has been stated for the second time.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and maintained to a good standard. Resident bedrooms were personalised and contained items which were important to them. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

It was noted that there were denture cleaning products present in two resident's bedrooms. This was identified as an area for improvement.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

Cleaning chemicals were stored safely and securely.

It was noted that the flooring in the hallway requires to be replaced. This was identified as an area for improvement.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills. Corridors and fire safety exits were free from obstruction.

The home's most recent fire safety risk assessment dated 23 August 2023. There were no recommendations made as a result of this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes.

Residents commented that they were very happy with the activity provision in the home and one resident stated that the "days fly in."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Lorna Conly is the registered manager of this home.

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. Staff said that the manager was approachable and accessible. Staff commented that there had been positive improvements in the home and that this was attributed to the manager.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was evidence that complaints were managed correctly and that good records were maintained.

There was a wide range of audits and quality assurance in place. These audits included; resident weights, falls, hand hygiene, care records and IPC.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to the residents' next of kin, their aligned named worker and RQIA.

The home was visited each month by the responsible individual to consult with residents, their relatives and staff and to examine 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.

6.0 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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes one area which has been stated for a second time and two areas that have been carried forward for review to the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lorna Conly, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 7 August 2024</p>	<p>The registered person shall ensure that a detailed assessment and care plan is put in place, in consultation with the resident and the aligned named worker, so as to provide adequate detail to direct resident care delivery. This relates specifically to:</p> <ul style="list-style-type: none"> • Mental health needs • Nutrition needs <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Mental health care plan reviewed. Resident's key worker at SHSCT is actively working with the resident and his next of kin and Fairlawns staff to devise an appropriate plan of care. Staff at Fairlawns are taking direction from the key worker to support the care plan, monitor and report on outcomes as advised. Care plan uploaded on the Gold Crest system for review.</p> <p>Care plans devised for clients on dietary supplements as advised. Care plans upload on the Gold Crest system for review. A general review of all clients prescribed nutritional supplements has taken place.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall ensure that all unnecessary risks to residents are identified and so far as possible eliminated.</p> <p>This relates specifically to denture cleaning products.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff have been reminded of the need to manage denture cleaning products as per regulations. All rooms have been checked and action taken as necessary. The Deputy Manager is monitoring adherence to safe practice and is undertaking supervision with staff as necessary.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: Immediately and ongoing (22 April 2024)	The registered person shall ensure that handwritten medication administration records include the start date. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 32 Stated: First time To be completed by: Immediately and ongoing (22 April 2024)	The registered person shall ensure that systems are in place to remove expired medicines. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 1 August 2024	The registered person shall ensure that the daily menu is displayed. Ref: 5.2.2
	Response by registered person detailing the actions taken: New notice boards were purchased and the daily menus are being recorded as advised.
Area for improvement 3 Ref: Standard 12.10 Stated: First time To be completed by: 7 August 2024	The registered person shall ensure that a clear and up to date system is implemented to direct staff in relation to residents who require modified diets as prescribed by SALT. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager has reviewed the records and updated the information regarding SALT dietary recommendations. The Registered Manager has ensured that the information in the care plans is the same as information provided to the catering staff.

Area for improvement 5 Ref: Standard 27.1 Stated: First time To be completed by: 30 September 2024	The registered person shall ensure that the flooring in the hallway in Fairlawns House is replaced. Ref: 5.2.3 Response by registered person detailing the actions taken: The flooring is scheduled to be replaced on completion of ongoing plumbing works. This is expected to be completed within the coming weeks.
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