

Inspection Report

9 November 2021



Fairlawns

Type of service: Residential Care Home
Address: 63 Drumcain Road, Armagh, BT61 8DQ
Telephone number: 028 3752 5074

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

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: Ms. Jeanette Toner (Business and Asset Manager)</p>	<p>Number of registered places: 56</p> <p>A maximum of two residents in category RC-MP. A maximum of four residents in RC-PH category. The home is approved to provide care on a day basis only to five 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: 53</p>
<p>Brief description of the accommodation/how the service operates: This is a registered residential care 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 9 November 2021 between 9.30am and 2.15pm. This inspection was conducted by a pharmacist inspector and focused on medicines management within the home.

The inspection also assessed progress with six of the ten areas for improvement identified at the last care inspection. Following discussion with the aligned care inspector, it was agreed that the remaining four areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that residents were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records were well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management.

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 information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed.

4.0 What people told us about the service

We met with the two members of staff and the business and asset manager.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs. They said that the manager was very supportive of staff and readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

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 10 May 2021		
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 (c) Stated: Second time	The registered person shall ensure that fire escapes are kept clear.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 27 (4) (d) (i) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for Improvement 4</p> <p>Ref: Regulation 27 (3) (a) (i) (ii)</p> <p>Stated: First time</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> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 15</p> <p>Stated: First time</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> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)</p>		<p>Validation of compliance summary</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is developed to ensure compliance with staffs' mandatory training in a timely manner.</p> <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</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> <hr/> <p>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.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 3 Ref: Standard 28.3 Stated: First time	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.	Met
Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.		
Area for improvement 4 Ref: Standard 27.1 Stated: First time	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.	Met
Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.		
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure that net pants in the home are for individual resident use only.	Met
Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.		

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs will change and, therefore, their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare

professionals, for example, at medication reviews or hospital appointments. The personal medication records reviewed at the inspection were generally accurate and up to date. A couple of anomalies were drawn to the attention of staff for rectifying. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident. The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for four residents. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available for three of the four residents; the person-in-charge gave an assurance that a care plan would be written for the other resident without delay. Records of administration were clearly recorded. The reason for and outcome of administration were recorded.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Pain management care plans were in place for the three residents whose records were examined.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident. The management of thickening agents was reviewed for one resident. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. A sample of the medicine administration records was reviewed. The records were found to have been fully and accurately completed. The records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. Robust arrangements were in place for the management of controlled drugs. The controlled drugs record book had been maintained to the required standard.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines was reviewed for two residents who had been admitted to this home. The medicines prescribed had been confirmed as part of the admission process. The personal medication records had been accurately written and signed by two members of staff. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

The audits completed at the inspection indicated that the medicines had been administered as prescribed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter.

Records of staff training and competency assessment in relation to medicines management were available for inspection.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to the management of medicines.

Based on the inspection findings and discussions held, RQIA was satisfied that safe systems were in place for the management and administration of medicines. Residents were administered their medicines as prescribed.

The outcome of this inspection also concluded that six areas for improvement identified at the last inspection had been addressed. The remaining four areas for improvement identified at the last inspection will be followed up at the next inspection. No new areas for improvement were identified.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

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

* the total number of areas for improvement includes four which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms. Jeanette Toner, Business and Asset Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (3) (a) (i) (ii) Stated: First time To be completed by: 30 June 2021	<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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 2 Ref: Regulation 15 Stated: First time To be completed by: 10 May 2021	<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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 31 May 2021	The registered person shall ensure that a system is developed to ensure compliance with staffs' mandatory training in a timely manner.
	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. Ref: 5.1
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 31 May 2021	The registered person shall ensure that individualised deprivation of liberty care plans are developed for all residents living within locked units in the home.
	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. Ref: 5.1



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care