

Inspection Report

Name of Service: Fairfields Care Centre

Provider: Care Facilities & Management Limited

Date of Inspection: 18 September 2025

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

1.0 Service information

Organisation:	Care Facilities & Management Limited
Responsible Individual:	Mr Philip McGowan
Registered Manager:	Mr Philip McGowan
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 70 patients. The home is over two floors; general nursing care is provided on the ground floor within a number of smaller units and a further two units on the first floor provide nursing care for patients living with dementia. A range of bedroom accommodation, sitting rooms and dining rooms are located on both floors.</p> <p>The home is also approved to provide care on a day basis for 5 persons.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 September 2025, from 10.00 am to 7.30 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 26 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients who were able to share their opinions on life in the home said they were well looked after. Some patients had difficulty telling us about their care experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Patients spoken with said that they were happy with the care and services provided to them. Patients described staff as "very good", "kind", and "nice." Patients told us; "I am very happy here", "I am looked after well", "The staff are always about" and "I have everything I need".

Staff spoken with said that Fairfields Care Centre was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team was approachable and they enjoyed working in the home.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). Review of the current NISCC audit did not evidence that staff yearly fee payments were updated once staff had paid their fees. An area for improvement was identified.

A review of the staff duty rota identified a number of alterations to the rota had been made which were not in line with best practice guidance. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

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

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were chatty, friendly and polite to the patients.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times, some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records reflected the patients' assessed needs. However, review of two patient's repositioning records identified a few entries that exceeded the recommended frequency of repositioning as per the patient's care plan. These deficits were discussed with the manager who identified a documentation error and agreed to follow this up with the staff identified.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

Whilst footrests were being used on wheelchairs during transit, it was identified that a number of patients were being transferred without the attached lap belt being used. A previously identified area for improvement was stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The serving of the lunchtime meal was observed on each floor. The dining experience was an opportunity for patients to socialise; the atmosphere was calm, relaxed and unhurried. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us they enjoyed their meal; they said the food was “good” and “tasty”.

Meals were appropriately covered on transfer to patients’ preferred dining area in the downstairs units but meals were not appropriately covered in one of the upstairs units and two patient meals were observed being transported on the one tray at the same time. An area for improvement was identified.

The menu was observed only displayed in the entrance foyer and not in any of the dining rooms; this was discussed with the manager to review the availability of a menu in each dining room in a suitable format so patients can see the food on offer for the day. This will be followed up on the next care inspection.

The importance of engaging with patients was well understood by the manager and staff. Staff were seen to encourage and support patients who wished to participate in activities, and there was a relaxed and fun atmosphere during a game of bingo downstairs. The planned activity schedule was displayed. The range of activities included social, community, cultural, religious, spiritual and creative events. Patients’ needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. Nursing staff recorded regular evaluations about the delivery of care.

It was identified that not all patients had monthly nutritional screening completed; for example MUST (malnutrition universal screening tool); this discussed with the manager and an area for improvement was identified.

The management of pressure relieving mattresses was identified as an area for improvement. Patient care plans were not specific in relation to the prescribed mattress in use or the correct setting; further review of a number of mattresses within bedrooms observed they were not correctly set to the individual patient's needs.

3.3.4 Quality and Management of Patients' Environment

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was clean, warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

It was observed that the environment in one of the upstairs units evidenced more wear and tear compared to the other units in the home. For example, some windowsills and walls required repainting, radiator covers were rusty and a number of shower drains did not have a drain cover in place. A curtain was also observed off the rail and some flooring "sticky". This was discussed with the manager who advised of an ongoing estates plan for the home. An area for improvement was identified.

An unlocked store room was observed to contain patient records. Confidential patient records should be stored securely at all times, an area for improvement was identified.

A number of patient bedrooms did not have a lockable space; this was discussed with the manager who provided assurance that this would be addressed.

Concerns with the management of potential risks to patients was identified; a sluice was observed unlocked with access to cleaning chemicals, a number of containers of thickening agent and staff belongings were seen unsecured in two dining room cupboards. In addition, within the dementia units, toiletries, food and fluids were not stored securely for this category of care. New areas for improvement were identified and a previously stated area for improvement was stated for a second time.

We observed that the majority of Personal Protective Equipment (PPE) stations only had vinyl gloves available; discussion with staff confirmed that they use vinyl gloves for personal care tasks. Following discussion with the manager regarding glove use, he was signposted to liaise with the Trust infection, prevention and control colleagues and the Public Health Agency for further advice on best practice guidance. After the inspection, the manager confirmed that a variety of gloves is now available in all PPE stations so staff have glove choice, dependant on the task they are performing. This will be further followed up on the next care inspection.

Fire safety concerns were identified when two sets of fire doors were observed to have gaps, two fire doors were also observed obstructed with a chair and a hoist and handrails were loose and broken at a fire exit route. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change to the management arrangements since the last inspection with the manager Phillip McGowan registered as both the responsible individual and manager.

Staff spoke positively about the management team stating they were approachable and accessible.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	6*	7*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Phillip McGowan, Registered Manager and Responsible Individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure that chemicals are securely stored in keeping with control of substances hazardous to health (COSHH) legislation.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: The sluice room that was not bolted has been fitted with a key pad and signage COSHH training has been checked and sits at 100%</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure that the Northern Ireland Social Care Council (NISCC) audit is kept up to date to accurately reflect staff registration status in regard to their annual fee payment.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: HR have changed the formula on the spreadsheet to reflect the next date due as opposed to the one of the current audit year. This will ensure that if a staff member has not paid the date will not be changed and will be easier to identify</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2025</p>	<p>The registered person shall ensure that the environmental deficits identified as part of this inspection in the Church Unit are addressed.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: During the RQIA inspection a work plan for 2025 had commenced and will be continued. This included the painting of bedrooms within Church. The radiator covers have been replaced and the one curtain which had been pulled off by a dementia client was quickly rehung correctly. The housekeeping team will sign off each room as in a good state on exiting.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>This is in specific reference to the storage of staff belongings and thickening agents.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The main dining room storage doors had been replaced in August 2025 as part of the refurbishment plan. Unfortunately the key lock on one of the doors for thickener had been an oversight by the manager. This has now been put on the door.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure that a review of storage in the dementia units is carried out; so that systems are in place for the safe storage of toiletries and other items that could potentially cause harm.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Notice had been placed as stated below :- The Nursing Home Regulations (NI) 2005 state (2) The registered person shall ensure as far as reasonably practicable that all parts of the home to which patients have access are free from hazards to their safety. In order to comply with this can I ask that all visitors/relatives/staff store all toiletries in the cupboards in the bedrooms. DO NOT display in the bedrooms. In addition, if any resident/relative would like a private locked facility in their room please speak to the Registered Manager and this will be facilitated. Due to the high risk of keys going missing the home does not provide this universally on admission. Thank you for your understanding</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure that the fire safety concerns identified as part of this inspection are addressed.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The fire strip between the two doors has been replaced by the contracted fire management group. A full Fire Assessment 2025 had been carried out and report received the day before the RQIA inspection. Identified issues had been on an action plan</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 47.3</p> <p>Stated: Second time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure that lap belts on wheelchairs are utilised during transit in accordance with the patients' assessed needs.</p> <p>Ref: 2.0 and 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Standard 47.3 states:- safe and healthy working practices through the provision of information, training, supervision and monitoring of all staff in the following areas: (List)</p> <p>In keeping with what is assumed to be the training and monitoring of lap straps this has been included into the manual handling training and will be spot checked (monitored) monthly</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Standard 41 - Staffing The number and ratio of staff on duty at all times meet the care needs of residents. Through out the report this area was maintained and complied with. There is no mention within this Standard that Tipex can not be used and there is no best practice document to reference to. To ensure accurate pay and maintenance of allocation especially for 1:1 provision tipex and highlighters are needed on the working copy. The RQIA as they were informed at the inspection were given the managers working/ wages copy, the legally required Staff Duty is digitalised and is an accurate representation and falls within Standard 41</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure that patients' meals are appropriately covered on transfer.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: A system of meal 'lead'; has been developed for Church Unit so it meets the same high standards the other units showed on the day of the inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure patients have nutritional screening completed monthly or more frequently depending on individual assessed need using a validated nutritional screening tool.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Weight, weight loss indicators have been reviewed and have been done monthly. The MUST score was being done 3 monthly as per the NICE guidelines in accordance with Dietician referrals. As the weight loss indicator does not meet the definition of a Nutritional Screening the MUST tool has now been digitalised into the Eating and Drinking assessment which has and will continue to be reviewed monthly for each resident or sooner if required.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure pressure relieving mattresses are managed effectively to ensure they are set correctly according to patients' individual assessed need.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: The home has 54 airwave pressure relieving mattresses. They have all been allocated onto a maintenance log and the 3 which require manual setting have been adjusted with a note on the pump and in the care plan</p>
<p>Area for improvement 6</p> <p>Ref: Standard 37.1</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure that any confidential patient documentation is stored correctly.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Church Street archive store has been fitted with a keypad lock</p>

<p>Area for improvement 7</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 7 September 2023</p>	<p>The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained.</p> <p>Ref: 2.0</p>
	<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>

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