

# Inspection Report

22 April 2024



## Fairlawns

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Fairlawns Care Home Ltd</p> <p><b>Responsible Individual:</b> Mrs Claire Cassidy</p>	<p><b>Registered Manager:</b> Mrs Lorna Conly, registration pending</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Lorna Conly, manager</p>	<p><b>Number of registered places:</b> 56</p> <p>A maximum of 11 residents in category of care RC-I. One named resident 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 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><b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 49</p>
<p><b>Brief description of the accommodation/how the service operates:</b> Fairlawns is a residential care home registered to provide 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 22 April 2024, from 9.55am to 3.00pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

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

The areas for improvement identified at the last care inspection will be followed up at the next care inspection.

Review of medicines management found that medicine records and medicine related care plans were mostly well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

As a result of this inspection two new areas for improvement were identified. These are detailed in the quality improvement plan and include the accurate completion of handwritten medication administration records and ensuring that medicines are removed from use after their expiry.

Whilst areas for improvement were identified, RQIA can conclude that overall, the residents were being administered their medicines as prescribed.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team regarding the management of medicines.

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

### **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. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions took place with staff and management about how they plan, deliver and monitor the management of medicines in the home.

### **4.0 What people told us about the service**

The inspector met with senior care staff, the deputy manager, the manager and the responsible individual; and also briefly with a visiting district nurse and one resident. Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well. Feedback received from those spoken to was shared with the management team.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, two positive responses had been received by RQIA regarding the management of medicines in Fairlawns.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 4 and 5 December 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (c) (ii) <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered person shall undertake a review of the staffing arrangements with particular reference to: <ul style="list-style-type: none"> <li>• The provision of senior care staff on night duty</li> <li>• The provision of designated laundry staff in the home</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>The manager confirmed that an additional senior care assistant was in place at night to assist with medication administration, however action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> 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"> <li>• Mental health needs</li> <li>• Nutrition needs</li> </ul> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all corridors and fire exits are clear and free from obstruction.</p> <p><b>No obstruction of fire exits was observed, however action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (ii)</p> <p><b>Stated:</b> 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> <p><b>Medication incidents were reviewed and discussed, however, action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> 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> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall address the odour identified in one bedroom.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	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.	<b>Carried forward to the next inspection</b>
	In addition, staff should also be knowledgeable in relation to the correct use of laundry bags for soiled laundry.	
	<b>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.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure that a monthly audit of accidents and incidents is completed.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 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 practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may 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 accurate and up to date. 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 state that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

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 distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain and other factors. Records usually included the reason for and outcome of each administration, staff were reminded that this must be recorded on every occasion.

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. Care plans were in place and reviewed regularly.

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 and nutritional supplements were reviewed. 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?**

Medicine 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, one exception noted was highlighted and discussed with staff and was being

addressed. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine 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. The temperature of the medicine storage areas was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed. The storage of oxygen cylinders was discussed and it was agreed that a number of empty cylinders should be returned to the provider, which had been arranged.

Satisfactory arrangements were in place for the safe disposal of medicines. A new printed record book was available for use and it was agreed this would be used going forward.

### **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 medicines administration records was reviewed. Records were found to have been accurately completed. The records were filed once completed and were readily retrievable for audit/review. However, handwritten records did not include the start date which is necessary to render the record meaningful, an area for improvement was identified.

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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on the majority of medicines so that they could be easily audited. Three eye preparations in use, with a short shelf life after opening, were not dated and one emergency medicine had expired. An area for improvement was identified.

### **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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

### 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. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being 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 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. A written record was completed for induction and competency assessments. Medicines management policies and procedures were in place.

## 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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lorna Conly, Manager and Mrs Claire Cassidy, Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 December 2023</p>	<p>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.</p> <hr/> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 January 2024</p>	<p>The registered person shall undertake a review of the staffing arrangements with particular reference to:</p> <ul style="list-style-type: none"> <li>• The provision of senior care staff on night duty</li> <li>• The provision of designated laundry staff in the home</li> </ul> <hr/> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 January 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"> <li>• Mental health needs</li> <li>• Nutrition needs</li> </ul> <hr/> <p><b>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.</b></p> <p>Ref: 5.1</p>

<b>Area for improvement 4</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time <b>To be completed by:</b> 6 December 2023	The registered person shall ensure that all corridors and fire exits are clear and free from obstruction.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 30 (1) (d) (ii) <b>Stated:</b> First time <b>To be completed by:</b> 6 December 2023	The registered person shall ensure that all incidents which affect the health, care and welfare of residents are reported to RQIA, without delay.
	<b>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.</b>  Ref: 5.1
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 5 January 2024	The registered person shall ensure adequate provision of curtains to assist in the maintenance of privacy and dignity of residents.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 5 January 2024	The registered person shall address the odour identified in one bedroom.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2024	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.
	In addition, staff should also be knowledgeable in relation to the correct use of laundry bags for soiled laundry.  <b>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.</b>

	Ref: 5.1
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p>	<p>The registered person shall ensure that a monthly audit of accidents and incidents is completed.</p> <hr/> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (22 April 2024)</p>	<p>The registered person shall ensure that handwritten medication administration records include the start date.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All Senior Staff have received supervision and made aware of QIP following inspection. Ongoing audits of MARS sheets will be carried out by the manager to ensure ongoing compliance.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (22 April 2024)</p>	<p>The registered person shall ensure that systems are in place to remove expired medicines.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All senior staff have been given supervision on the importance of ensuring that all dates are checked on medicines at the monthly change over and rotation of stock. . Staff have been given supervision on the shelf life of eyedrops the importance of opening dates are recorded.  Ongoing audits to be carried out by manager to ensure compliance and improve practice.</p>

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





The **Regulation** and  
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