

Inspection Report

Name of Service:	Fairlawns
Provider:	Fairlawns Care Home Ltd
Date of Inspection:	14 March 2025

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

1.0 Service information

Organisation/Registered Provider:	Fairlawns Care Home Ltd
Responsible Individual:	Mrs Claire Patricia Cassidy
Registered Manager:	Mrs Lorna Conly
Service Profile	
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.	

2.0 Inspection summary

An unannounced inspection took place on 14 March 2025 from 9.40am to 2.15pm, by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the previous areas for improvement identified during the care inspection on 31 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be warm and welcoming; and no malodours were identified. Bedrooms were personalised to reflect the residents' interests.

Residents appeared to be content within their environment and positive interactions were observed between the residents and the staff.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Review of the previous quality improvement plan identified that five out of seven areas were assessed as met. The remaining two areas were carried forward for review to 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 resident's, 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.

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

Residents spoke positively about their experience of life in the home. Comments included: "they (the staff) are the best here, they (the staff) cant do enough for you," "it really is great place; the staff are brilliant and the food is lovely," "we are too well fed in here" and "this place is good enough; I had a lovely breakfast this morning."

Discussions with residents confirmed that there was enough staff readily available and if they wanted anything all they had to do was ask. Residents commented positively on the meal and activity provision in the home and stated "we done our exercises yesterday."

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the management team were supportive and available for advice and guidance. Staff reported that there was a good staff team in the home which facilitated good communication. Staff advised that the standard of care provided in the home was important to them.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Discussion with staff confirmed that there were enough staff on duty in order to meet the needs of the residents. Review of the staff duty rota identified that it accurately reflected the staff on duty and the staffing levels were maintained.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff responded to requests for assistance in a prompt and caring manner.

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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents' were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions during activities found staff to be reassuring and compassionate.

Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents were able to make their own decisions in relation to what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried.

The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. There was enough staff supervision in place throughout the serving of the meal.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

It was observed that care records were accessible for long periods and therefore were not being held safely. This was identified as an area for improvement.

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

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.4 Quality of Management Systems

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 commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Records evidenced that there was a 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.

It was noted that there were some accidents and incidents which were not reported to RQIA. This was identified as an area for improvement.

Review of records identified that the monthly monitoring reports were not being completed on a monthly basis. This was identified as an area for improvement.

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	2	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (15 March 2025)</p>	<p>The registered person shall ensure that all accidents and incidents which occur in the home, are reported to RQIA, without delay.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that all accidents /incidents are reported to RQIA in a timely manner and in accordance with standards and regulations as discussed during inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29 (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (15 March 2024)</p>	<p>The registered person shall ensure that the visits to be undertaken in accordance with this regulation are completed on a monthly basis.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that the Reg 29 is completed on a monthly basis in accordance with regulations and minimum standards as discussed during inspection.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)	
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: 2.0
	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: 2.0
	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 22.2 Stated: First time To be completed by: Immediate and ongoing (15 March 2024)	The registered person shall review the staff practice in relation to the care records maintained electronically, to ensure these are held safely. Ref: 3.3.3
	Response by registered person detailing the actions taken: Action has been taken to ensure that records held electronically are not visible to the public. All staff have received training/supervision in line with good practice and legislative requirements for the safe recording, use and storage of all records held electronically or manually.

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