The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Fairfields Care Centre

Provider: Care Facilities & Management Limited

Date of Inspection: 18 November 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:	Care Facilities & Management Limited
Responsible Individual:	Mr Phillip McGowan
Registered Manager:	Mr Phillip McGowan
Service Profile: Fairfields Care Centre is a nursing home registered to provide nursing care for up to 70 patients. General nursing care is provided on the ground floor. Care is provided for patients living with dementia on the first floor. A range of sitting rooms and dining rooms are located on both floors. The home is also approved to provide care on a day basis for five patients.	

2.0 Inspection summary

An unannounced inspection took place on18 November 2025, from 10.00am to 4.10pm. The inspection was completed by two pharmacist inspectors, and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The inspection also reviewed the area for improvement identified at the last medicines management inspection. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. However, improvements were necessary in relation to the management of insulin, controlled drugs, handwritten medicine administration records and ensuring medicines are administered only to patients for whom they have been prescribed.

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, patients were being administered their medicines as prescribed.

The area for improvement in relation to nutritional supplements and medicines administered via the enteral route identified at the last medicines management inspection was assessed as met.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

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

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 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 areas for improvement identified at previous inspections, 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.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines and medicines were administered in accordance with individual patient preference. Staff also said that they prioritised patients who required pain relief and time-critical medicines during each medicine round.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

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

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

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

Personal medication records were in place for each patient. 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 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 confirm that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All patients 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 etc.

The management of pain, thickening agents, warfarin, epilepsy and the medicines and nutrition via the enteral route was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

Patients 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 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 patient's distress and if the prescribed medicine is effective for the patient.

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 record and patient-centred care plans were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain and other factors. Records reviewed for the majority of patients included the reason and outcome for each administration.

For one patient reviewed, the care plan needed updated to reflect their most recent prescription and records of administration did not always include the reason for and outcome of each administration. This was discussed with the manager for corrective action and ongoing monitoring.

Care plans were in place when patients required insulin to manage their diabetes. However, the care plans did not contain sufficient detail to direct staff if the patient's blood sugar was outside of the recommended range. One in use insulin pen device was stored with a used needle attached and several in use insulin pen devices had not been labelled with the patients' details or the date of opening, to denote ownership and facilitate audit and disposal at expiry. An area for improvement was identified.

3.3.2 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 patient'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.

Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. All medicines were available for administration on the day of the inspection. However, it was noted that one patient had been admitted to the home without a supply of one of their medicines. Staff had used another patient's supply. Medicines are prescribed for individual patient use and must not be shared. An area for improvement was identified. One in use medicine for another patient was unlabelled, this was highlighted to the manager for corrective action.

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 patient could be easily located. The temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored at the correct temperature.

The storage of medicines requiring cold storage was reviewed; in one treatment room the recorded refrigerator temperature had exceeded the maximum recommended temperature on three occasions in the past month and appropriate corrective action had been taken by staff. This was discussed with the manager who agreed to closely monitor and take corrective action if the issue persists.

Satisfactory arrangements were in place for the storage of controlled drugs and the safe disposal of medicines.

3.3.3 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 patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been accurately completed. However, hand written medicine administration records had not been checked and verified as accurate by a second member of staff and some did not contain the full date i.e. day, month and year. 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. In one treatment room, the administration of Schedule 3 controlled drugs had been recorded on loose pages rather than the controlled drug record book. This is not in accordance with the home's Standard Operating Procedures. An area for improvement was identified.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plan. Written consent and care plans were in place when this practice occurred.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on the majority of medicines to facilitate audit and disposal at expiry (see Section 3.3.1).

3.3.4 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 at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed. The majority of medicines had been administered as prescribed (see Section 3.3.2).

3.3.5 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 the learning shared with staff in order to prevent a recurrence.

The manager was asked to submit a notification to RQIA detailing the incident discussed in Section 3.3.2. A notification was received on 18 November 2025 and corrective and preventative actions had been taken.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. A small number of minor discrepancies were highlighted to the manager for correction and ongoing vigilance (see Section 3.3.2).

3.3.6 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 patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients 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 reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

Records of staff training in relation to medicines management, buccal midazolam and the administration of nutrition and medicines via the enteral route were available.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

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	9*	7*

* the total number of areas for improvement includes 12 that have been 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, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 18 November 2025	The registered person shall review the management of insulin and address the issues identified in this report. Ref: 3.3.1
	Response by registered person detailing the actions taken: Insulin administration and processes have been reviewed. Names will be applied to the syringes. An audit has been added to the medications profile to monitor this.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 18 November 2025	The registered person shall ensure that all prescribed medicines are individually labelled and are administered only to the person for whom they are prescribed. Ref 3.3.1 & 3.3.2
	Response by registered person detailing the actions taken: **In compliance with Regulations this area of improvement will be adhered to, however, it must be noted that in situations of critical medications and life saving action medications that have not been provided by transfer or late scripts, a residents health will not be put at risk. A full standard operating process will be followed.**
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 18 November 2025	The registered person shall ensure that the administration of controlled drugs is recorded in the controlled drugs record book in accordance with the home's Standard Operating Procedures. Ref: 3.3.3
	Response by registered person detailing the actions taken: The single sheets being used at the time of inspection have been removed a bound book is now inplace in the one unit who did not meet Regulation 13(4)
Area for improvement 4 **Ref:** Regulation 14 (2) (a) **Stated:** Second time **To be completed by:** 19 September 2025	The registered person shall ensure that chemicals are securely stored in keeping with control of substances hazardous to health (COSHH) legislation.
	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. Ref: 2.0

Area for improvement 5 **Ref:** Regulation 20 (1) (c) (ii) **Stated:** First time **To be completed by:** 19 September 2025	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. **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.** Ref: 2.0
Area for improvement 6 **Ref:** Regulation 27 (2) (b) **Stated:** First time **To be completed by:** 30 October 2025	The registered person shall ensure that the environmental deficits identified as part of this inspection in the Church Unit are addressed. **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.** Ref: 2.0
Area for improvement 7 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 19 September 2025	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. This is in specific reference to the storage of staff belongings and thickening agents. **Thickening agents were stored securely. 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.** Ref: 2.0
Area for improvement 8 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 19 September 2025	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. **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.** Ref: 2.0

Area for improvement 9 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 19 September 2025	The registered person shall ensure that the fire safety concerns identified as part of this inspection are addressed. **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.** Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 18 November 2025	The registered person shall ensure that hand written medicine administration records are checked and verified as accurate by a second member of staff and that the start date of administration includes the day, month and year. Ref: 3.3.3 **Response by registered person detailing the actions taken:** From the 1st December 2025 the home has went digital in its administration of medications. Drugs requiring double signatures are automatically alerted on this system for a second nurses PINStart dates are automatically calenderised.
Area for improvement 2 **Ref:** Standard 47.3 **Stated:** Second time **To be completed by:** 19 September 2025	The registered person shall ensure that lap belts on wheelchairs are utilised during transit in accordance with the patients' assessed needs. **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: 2.0
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 19 September 2025	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance. **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: 2.0

Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 19 September 2025	The registered person shall ensure that patients' meals are appropriately covered on transfer.
	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: 2.0
Area for improvement 5 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 19 September 2025	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.
	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: 2.0
Area for improvement 6 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 19 September 2025	The registered person shall ensure pressure relieving mattresses are managed effectively to ensure they are set correctly according to patients' individual assessed need.
	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: 2.0
Area for improvement 7 **Ref:** Standard 37.1 **Stated:** First time **To be completed by:** 19 September 2025	The registered person shall ensure that any confidential patient documentation is stored correctly.
	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: 2.0

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