The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Fairlawns

Provider: Fairlawns Care Home Ltd

Date of Inspection: 3 December 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 care inspection took place on 3 December 2025 from 9.50am to 4.40pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the areas for improvement identified during the last RQIA inspection on 14 March 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 safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

The home was found to be clean and bedrooms were personalised with items which were important to residents. The home was decorated in preparation for the festive period.

Residents said that living in the home was a good experience and praised the meal provision.

Review of the previous quality improvement plan identified that two areas for improvement were assessed as met by the provider. One area for improvement was stated for the second time and 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 residents, 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

Residents spoke positively about their experience of life in the home. Comments included: "This place is great, the staff couldn't do enough for you. If you want anything, just ask. I have done so well in here", "The staff are very good; they are respectful and kind to me. I feel very safe in here" and "This is a great place here; there is always something to do."

Discussions with residents confirmed that there was enough staff on duty and they were responsive to their needs. Residents commented positively on the meal and activity provision in the home.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff reported that there was good team work and good communication within the team. Staff told us that the management team was supportive and available for advice and guidance.

One questionnaire was returned to RQIA following the inspection from a relative. Comments on the returned questionnaire included; "Care provided by Fairlawns is excellent, my relative was well looked after by all the staff and says the food is excellent. Always on hand to help, very pleasant and not made to feel like a burden."

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 residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. 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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences. Observations of the staff and residents interactions during the activities found staff to be kind and compassionate.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. This was particularly evident when staff provided reassurance to a resident who became upset and tearful.

At times some residents 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 residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. An activity schedule was on display in communal areas offering a range of individual and group activities such as baking, armchair exercises, creative writing, music activities, visiting choirs and spiritual support.

During the inspection a number of the residents were engaged in music activities and armchair exercises with the activity therapist and staff. There was a relaxed atmosphere during the activity and staff were readily available to assist and support in the planned activity. The staff were observed to enjoy this activity very much.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities such as reading newspapers. Residents commented that there was always something to do.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

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.

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. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

However it was noted that care records were accessible for long periods and therefore were not being held safely. This area for improvement will be stated for the second time.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of activities completed by the residents and light music played in the background.

There were systems and processes in place to manage infection prevention and control. It was noted that some staff were wearing gel nail polish and staff were provided with vinyl gloves and not nitrile gloves. This was identified as an area for improvement.

Denture cleaning products were observed unsecured within the dementia unit; this posed a potential risk to residents. This was identified as an area for improvement.

3.3.5 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 all of management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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 in the home.

Review of the records of compliments identified the following compliment; “I really appreciate your kindness and attention to detail. Thank you so much for all the wonderful food. I was so comfortable and at home here.”

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	1	4*

* The total number of areas for improvement includes one area which has been stated for the second time and two areas which have been 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	
Area for improvement 1 **Ref:** Regulation 14 (2) (c) **Stated:** First time	The registered person shall minimise any unnecessary risks to residents. This relates specifically to the management of denture cleaning tablets. Ref: 3.3.4
To be completed by: Immediate and ongoing (4 December 2025)	**Response by registered person detailing the actions taken**: Denture cleaning products have been secured appropriately as advised by inspector. They are now stored safely to prevent access by residents.

	Staff supervision sessions are taking place to ensure staff fully understand the risks associated with inappropriate and unsafe storage of cleaning products. Families of residents who purchase these products will also be advised of the risks and advised not to leave in the resident's bedroom
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:** Second time **To be completed by:** Immediate and ongoing (4 December 2025)	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: Staff supervision has strengthened record keeping practice and safe storage is now included in the induction process. Regular management checks and audits of computer usage have been introduced to ensure compliance with confidentiality, accessibility and record keeping standards. Staff have been reminded of their responsibilities in relation to data protection, confidentiality, and secure handling of resident's records

Area for improvement 4 **Ref:** Standard 35.1 **Stated:** First time **To be completed by:** Immediate and ongoing (4 December 2025)	The registered person shall ensure that the following infection prevention and control practices are addressed: • The use of vinyl gloves should cease • Staff should not wear gel nail polish Ref: 3.3.4
	Response by registered person detailing the actions taken: Infection prevention, environmental safety and professional presentation have been highlighted to staff during supervision and handover, management will monitor compliance and reinforce best practice. Regular spot checks and audits will be undertaken by management to ensure continued adherence to meet infection control standards. Any non-compliance will be addressed promptly, with additional guidance or training provided where required. Nitrile gloves have been sourced, and the use of vinyl gloves has been discontinued

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews