

Inspection Report

Name of Service:	Fairfields Care Centre
Provider:	Care Facilities & Management Limited
Date of Inspection:	9 June 2026

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 Phillip McGowan
Registered Manager:	Mr Phillip McGowan
Service Profile – This home is a registered nursing home, which provides nursing care for up to 70 patients. The home is situated 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 sitting rooms, dining rooms and bedroom accommodation are located on both floors. The home is also approved to provide care on a day basis for five persons.	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2026 from 9.30 am and 3.55 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 pharmacy inspection on 18 November 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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

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.

As a result of this inspection nine areas for improvement were 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 spoken with told us that staff looked after them well, the food was very good but one patient was dissatisfied with visiting arrangements in the lounge. This information was shared with the management team at the end of the inspection for their consideration.

Staff were very happy with staffing levels in the home and described the manager as supportive. Staff said there was good teamwork and they received training regularly.

Visitors to the home were generally happy with the care provided and staffing levels in the home, however, dissatisfaction with staff practice of using their relative's razor on other patients and a lack of space in one unit was raised. This was discussed with the management team during feedback for their review.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear and food and drink options.

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, they felt well supported in their role and that they were satisfied with the staffing levels.

The plan for staff appraisal was reviewed; it was unclear from the records when the appraisal for a number of staff had been completed. An area for improvement was identified.

The supervision matrix needed amended as the same date was populated for two supervisions. This was discussed with the manager and will be reviewed at a future inspection.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

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.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Signage in the home evidenced that visiting had been restricted to specific times and visitors were not able to enter an identified lounge to visit with their relative. A patient also advised that they were dissatisfied with this arrangement. This arrangement and feedback from the patient was brought to the attention of the manager for review and action as necessary, visiting arrangements will be reviewed at a future inspection

An upstairs bathroom was noted to be locked by a keypad in response to the assessed needs of one identified patient however, the action also prevented the other patients the choice to use this facility. There was no evidence that an assessment had been completed to determine the full impact of this restriction on the lived experience of all patients resident in the unit. An area for improvement was identified.

The lounge in the upstairs Church Unit was congested. A visitor also raised concerns about the lack of space in the room. This was brought to the manager's attention for review and will be followed up at a future inspection.

Observation found that vinyl gloves were available for staff use in patient care areas and the manager confirmed they were used for patient care. The use of these types of gloves was discussed with staff and the manager who added signage to inform staff that vinyl gloves were only to be used to clean equipment.

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 such as lap belts or bed rails.

It was observed that wheelchairs were used to transport a number of patients in the home without the use of lap belts for safety. An area for improvement that was stated for a second time at the last inspection remained unmet and is therefore stated for a third time. A further area for improvement has been identified in regards to ensuring training with regard to the use of lap belts is embedded into practice.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

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

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, painting and crosswords, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

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 not held securely in various areas such as a pharmacy record store, a lounge and a nurse's office. This was brought to the attention of the manager and an area for improvement has been stated for a second time

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.

3.3.4 Quality and Management of Patients' Environment

The home was warm, tidy and generally well maintained. For example, patients' bedrooms were personalised with items important to the patient, however some areas of the home required maintenance or repair, such as; outdoor furniture, surface wear on a table, a cracked toilet cistern and damaged chairs and a damaged wall; on the day of the inspection there was no clear plan in place to address the repairs required. Whilst the manager advised that there was a system in place it was not effective in identifying wear and tear to the environment. An area for improvement was identified.

Infection control issues were evident in parts of the home including wipes placed on a toilet cistern, unclean hoists, hoist slings training on floors and staff not adhering to being bare below the elbow. An area for improvement was identified.

Review of records confirmed that checks were mostly carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, a fire risk assessment was in place and up to date, however, an electrical switchboard was accessible in an unlocked storeroom. This was brought to staff's attention and an area for improvement was identified.

During the previous inspection concerns were identified with the storage of staff belonging and thickening agents. Observation identified that staff bags and belongings continue to be accessible to patients in communal rooms. No issues were identified with the storage of thickening powder during this inspection. This area for improvement has been assessed as partially met and has been stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Phillip McGowan has been the manager in this home since 18 April 2016.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients.

Patients and their relatives spoken with said that they knew how to report any complaints. A record of complaints was kept in 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	4*	9*

* the total number of areas for improvement includes one under the regulations and one under the standards which are stated for a second time, one under the standards which has been stated for a third time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement plan were discussed with the management team as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes 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: 2.0
	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.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 18 November 2025	The Registered Person shall ensure individual medicines are individually labelled and are administered only to the person for whom they are prescribed. Ref: 2.0
	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.
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: 2.0
	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.

Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: 9 June 2026	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. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: Locked cupboards have been provided for thickening agents and none have been seen out where residents could get them, Staff facilities are available and staff reminded that they should be used and not to have handbags or coats in residents areas
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: 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 47.3 Stated: Third time To be completed by: 9 June 2026	The Registered Person shall ensure that lap belts on wheelchairs are utilised during transit in accordance with the patients' assessed needs. Ref: 2.0 and 3.3.2 Response by registered person detailing the actions taken: The home has implemented a daily audit spot check and to date the home is compliant
Area for improvement 3 Ref: Standard 37.1 Stated: Second time To be completed by: 9 June 2026	The Registered Person shall ensure care ensure that any confidential patient documentation is stored correctly. Ref: 2.0 and 3.3.3 Response by registered person detailing the actions taken: Staff have been reminded to use key pad lock and NOT lock snib in open position

Area for improvement 4 Ref: Standard 40 Stated: First time To be completed by: 31 July 2026	The Registered Person shall ensure that there is clear documented evidence that staff receive an annual appraisal for their roles in a timely manner. Ref: 3.3.1 Response by registered person detailing the actions taken: All staff have a live appraisal. The homes recording suysytem has been chnaged to ensure on audit the currentl position is easily identifiable for inspectors.
Area for improvement 5 Ref: Standard 18 Stated: First time To be completed by: 9 June 2026	The Registered Person will complete an impact assessment of the restricted access to the identified bathroom to ensure that restrictive practices are proportionate and the least controlling and restrictive practice for all patients. Ref: 3.3.2 Response by registered person detailing the actions taken: The impact assessment was sent to the RQIA on the 10th June identitying clearly the current risks from a new resident. These have been assessed weekly since and currently the bathroom is open (with lock still in place) to see if any incidents occur. Safety of all must come first when ensuring aproprate assessments and needs.
Area for improvement 6 Ref: Standard 39 Stated: First time To be completed by: 15 June 2026	The Registered Person shall ensure mandatory training for the use of lap belts is embedded into practice. Ref: 3.3.2 Response by registered person detailing the actions taken: Lap strap training has been added to the manual handling package
Area for improvement 7 Ref: Standard 44 Stated: First time To be completed by: 30 June 2026	The Registered Person shall review the current system in place to ensure there is a planned programme of continuous improvement and the premises are maintained and remain suitable for their purpose. Ref:3.3.4 Response by registered person detailing the actions taken: The Director of the care home currently does a monthly aidit. This has been expanded to twice monthly with a coloured action plan
Area for improvement 8 Ref: Standard 46 Stated: First time	The Registered Person shall ensure issues are addressed to ensure the prevention of the spread of infection, such as; hoist slings trailing on floors and staff not adhering to being bare below the elbow. Ref: 3.3.4

To be completed by: 9 June 2026	Response by registered person detailing the actions taken: This has been included in the daly brief as a safety check
Area for improvement 9 Ref: Standard 14 (a) (c) Stated: First time To be completed by: 9 June 2026	The Registered Person shall ensure storerooms with access to electrical switchboards are secured. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff have been reminded to use key pad lock and NOT lock snib in open position

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