



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Establishment:** Fairlawns  
**Establishment ID No:** 1505  
**Date of Inspection:** 24 March 2015  
**Inspector's Name:** Laura O'Hanlon  
**Inspection No:** IN016890

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544



## 1.0 General information

<b>Name of Home:</b>	Fairlawns
<b>Address:</b>	63 Drumcairn Road Armagh BT61 8DQ
<b>Telephone Number:</b>	028 3752 5074
<b>E mail Address:</b>	fairlawnscahome@hotmail.com
<b>Registered Organisation/ Registered Provider:</b>	Mr Michael Murphy
<b>Registered Manager:</b>	Mrs Claire Cassidy
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Claire Cassidy
<b>Categories of Care:</b>	RC-PH, RC-MP, RC-DE, RC-I, RC-MP(E)
<b>Number of Registered Places:</b>	45
<b>Number of Residents Accommodated on Day of Inspection:</b>	44
<b>Scale of Charges (per week):</b>	£461.00
<b>Date and type of previous inspection:</b>	16 December 2014 Primary Announced
<b>Date and time of inspection:</b>	24 March 2015: 10.30am – 3.45pm
<b>Name of Inspector:</b>	Laura O'Hanlon

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practices
- Discussion with residents and staff
- Inspection of the premises
- Evaluation and feedback.

## 5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

### **STANDARD 9 - Health and social care**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Fairlawns was initially registered in 1987 as a nursing home and was re-registered in 2002 as a residential care facility.

Mr Michael Murphy is the responsible person for the home with Mrs Claire Cassidy as registered manager.

The home is situated in the countryside on the outskirts of Armagh city. Fairlawns comprises of four lounges, sun porch, dining room, kitchen, laundry, residents' kitchen, toilet/bathroom facilities, staff accommodation and administration offices. A significant number of residents bedrooms offer en-suite facilities. A secure patio area is situated to the rear of the facility.

The home was registered to accommodate up to 20 residents with dementia (mild – moderate). Following extensive internal refurbishment and redecoration as recommended by the Northern Ireland Dementia Design Service Centre, the registration of a six bedroom extension was approved by RQIA in 2012.

The home has mature gardens to the front and rear of the building. Ample car parking space is provided at the front of the home.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Fairlawns was undertaken by Laura O'Hanlon on 24 March 2015 between the hours of 10.30am and 3.45pm. Mrs Claire Cassidy registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

Six recommendations were made as a result of the previous inspection. Review of documentation, observations and discussions demonstrated that the recommendations have been addressed within the required timescales. The details of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9: Health and social care needs of residents are fully addressed.

A review of this standard found that care records were recorded with good account of residents' health and social care needs being met. Residents care records reflected liaison with primary health care professionals and residents were central to this process. Staff who met with the inspector demonstrated knowledge and understanding of individual residents assessed needs and referral pathways to ensure that these needs are met. Care records overall detailed the primary health care professionals involved and there were systems and processes in place to ensure monitoring and provide feedback on follow up care. A recommendation has been made to detail the residents' optometrist and dentist within care records. The evidence gathered through the inspection process concluded that Fairlawns was compliant with this standard.

During the inspection the inspector met with residents, relatives and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. The residents' bedrooms and communal areas were clean and comfortably furnished with personal effects adding to the warm nature of the home.

Two recommendations were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 16 December 2014**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
		<b>No requirements were made as a result of this inspection.</b>		

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1	It is recommended that the registered person should review the policy in relation to challenging behaviour to reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy should also refer to the need for RQIA to be informed of each occasion when restraint is used.	The policy on behaviour which challenges was reviewed and it now references the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy also refers to the need for RQIA to be informed of each occasion when restraint is used.	<b>Compliant</b>
2	10.2	It is recommended that the registered person should review the policy in relation to challenging behaviour to reflect the need for RQIA to be informed of uncharacteristic behaviour which causes concern for any resident.	The policy on behaviour which challenges now includes the need for RQIA to be informed of uncharacteristic behaviour which causes concern for any resident.	<b>Compliant</b>
3	10.3 & 10.4	It is recommended that the registered person should review all care plans, ensuring where a resident requires a consistent approach, this is detailed and signed by the resident or their representative, the staff member drawing it up and the registered manager. The registered person is recommended to ensure that care plans are signed by the resident or their representative, the staff member drawing it up and the registered	The inspector examined five care files and can confirm that care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. Where a resident requires a consistent approach this is detailed.	<b>Compliant</b>

		manager.		
4	10.7	It is recommended that the registered person should review the Statement of Purpose to ensure that it refers to the therapeutic techniques used within the home.	The statement of purpose was reviewed and it now refers to the therapeutic techniques used within the home.	<b>Compliant</b>
5	13.9	It is recommended that the registered person should ensure that appropriate consents are in place for residents in regard to photography and other forms of media.	A consent form has been devised and the home has begun the process of ensuring that these are completed by residents or representatives where appropriate.	<b>Compliant</b>
6	10.7	It is recommended that the registered person should ensure that all restrictive strategies are reviewed and agreed by the resident or their representative and the Trust.	The registered manager has liaised with HSC Trust. The registered manager confirmed that restrictive practices will be reviewed and agreed as part of care management review process.	<b>Compliant</b>

**9.0 Standard 9**

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of five residents’ care records identified that the name and contact details of residents GP was noted; however the details of the optometrist and dentist were not consistently recorded. A recommendation is made that all care records contain details of the residents’ optometrist and dentist, as appropriate.  Discussion with the registered manager and staff confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident and/or representative is provided with information on the choice of services in the locality and assisted in the registration process.	Substantially Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussions with staff on duty confirmed that they had good knowledge and understanding of residents’ specific needs and interventions required. Staff demonstrated good detail of the action to be taken in the event of an emergency. Care records evidenced comprehensive assessments completed by staff. Staff members confirmed that they are provided with mandatory training including first aid. Staff confirmed that they receive updates during staff handovers of any changes in a resident’s condition and that the care plan is updated to reflect these.	Compliant

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Examination of three care records evidenced that resident wellbeing is continually monitored and recorded. There was evidence of comprehensive assessments undertaken which informed care plans and risk assessments.  All areas were considered including the management of continence care. There was free access to bed linen, towels and continence products. Gloves and aprons were available to staff to assist in infection control. A recommendation has been made to review and further develop the care plans relating to those with continence issues.  Care records showed evidence of referrals to and regular liaison with primary health care professionals and social services. A document called a multi professional collaboration was contained within care files which outlines all contacts with a range of health care professionals. Staff are to be commended for the use of this document.	Substantially compliant
<b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of five care records, discussion with one relative, the registered manager and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records where appropriate. Resident representatives are also kept informed of any follow up care during	Compliant

annual care reviews.	
<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of five residents' files identified that a record of visiting professionals is maintained within these records in the multi professional collaboration form. There was also evidence to confirm that referrals are made as necessary to the appropriate services.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussions with staff confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff. Care plans reviewed detailed the support needed.	Compliant

## **10.0 ADDITIONAL AREAS EXAMINED**

### **10.1 Resident's consultation**

The inspector met with eight residents individually and with others as part of a group. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents were praising of the staff. No concerns were expressed or indicated.

- "Very happy here, I would not like to move anywhere else."
- "Staff are very good and there is always plenty going on."
- "Food is good."

### **10.2 Relatives/representative consultation**

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated. This relative stated staff interacted well with residents and that staff were flexible and approachable.

Comments received included:

- "Very good communication between staff and family members."

### **10.3 Staff consultation**

The inspector spoke with five staff members, in addition to the registered manager. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and informed values were evident. No concerns were expressed.

Comments received included:

- "The care is great that residents receive."
- "Brilliant quality of care couldn't be treated better."
- "Staff are happy and settled, good bunch of staff."

### **10.4 Visiting professionals' consultation**

No professionals visited the home during the inspection.

### **10.5 Environment**

The inspector viewed the home alone, inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be

homely and personalised with spiritual emblems of resident's choice in place. Décor and furnishings were found to be of a satisfactory standard. The inspector established, through discussion with staff members and through observation, that there was unrestricted access to fresh bed linen and to continence products.

### **10.6 Observation of Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Claire Cassidy, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Laura O'Hanlon**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Fairlawns

24 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Claire Cassidy, registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005**

<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
		<b>No requirements were made as a result of this inspection.</b>			

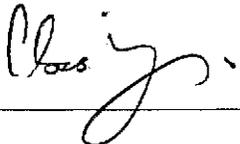
**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.1	<p>The home has details of each resident's General Practitioner (GP), optometrist and dentist.</p> <ul style="list-style-type: none"> <li>• Each resident's General Practitioner (GP), optometrist and dentist should be noted in the resident's care records.</li> </ul> <p>Ref: Section 9, Criterion 9.1</p>	One	<p>Staff have been briefed at Care Staff Meeting regarding recommendation No.1. Staff advised to ensure contact details for General Practitioner, Optometrist and Dentist are recorded in contact section in individual Care File. This task is to be addressed when Keyworkers for Residents at Fairlawns undertake monthly careplan reviews. Management staff will monitor Care Files to ensure compliance with recommendation within set timescale.</p>	30 April 2015
2	6.3	<p>It is recommended that the registered person should review and further develop the care plans relating to residents with continence issues.</p> <p>Ref: Section 9, Criterion 9.3</p>	One	<p>Management discussed developing Care Plan in relation to continence issues with one Resident. Further review of all Residents with continence issues : Care Plans reviewed and updated to ensure continence issues are fully recorded and are current to reflect individual needs of resident. Policy in relation to</p>	24 May 2015

				management of continence has been further developed to include the new referral process for continence assessments undertaken by SHSCT Continence Service.	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	22 April 2015
Further information requested from provider			