



Unannounced Care Inspection Report 12 February 2019



Fairlawns

Type of Service: Residential Care Home
Address: 63 Drumcairn Road, Armagh, BT61 8DQ
Tel No: 028 3752 5074
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 56 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report

3.0 Service details

Organisation/Registered Provider: Fairlawns Responsible Individual(s): Michael Murphy	Registered Manager: Claire Patricia Cassidy
Person in charge at the time of inspection: Claire Cassidy	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment	Number of registered places: 56 A maximum of 11 residents in category of care RC-I. 3 named individuals accommodated in Fairlawns House under category of care RC-I. All other category RC-I residents to be accommodated in Fairlawns Lodge. . A maximum of 2 residents in category RC-MP. A maximum of 4 residents in RC-PH category. The home is approved to provide care on a day basis only to 5 persons

4.0 Inspection summary

An unannounced care inspection took place on 12 February 2019 from 10.15 to 15.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This was a focused inspection to review the provision of meals and mealtimes. We also reviewed and assessed compliance with the areas of improvement identified following the last care inspection.

Good practice was evident in regards to the dining experience and the provision and serving of meals. Further evidence of good practice was found in relation to activity provision within the home, staff knowledge of the residents care needs, care records, the culture and ethos of the home and communication between the staff and the residents.

One area requiring improvement was identified in regards to the need for an urgent care review for one resident to determine if the placement continues to meet the needs of this resident.

Residents and their relatives spoke positively on the care provided in the home, on the provision of meals and stated that the staff were attentive and kind.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ruth Brimage, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, deputy manager, 37 residents, three relatives and seven staff. Ten residents' and residents' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Three residents' care files
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 10 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any resident at risk of choking have a risk assessment with measures in place to minimise the potential risk recorded within care plans.</p> <p>The registered person shall ensure that care plans are signed by the resident or representative and the registered manager. Should a resident or representative be unable or refuse to sign this should be recorded.</p> <p>Review of all care plans should be undertaken to ensure compliance with standard 6 of the Residential Care Homes Minimum Standards are signed.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of three care records confirmed that the above standard was met. A risk assessment in regards to choking was in all care records reviewed.</p> <p>Care plans reviewed were maintained in accordance with standard 6 of the Residential Care Homes Minimum Standards and were signed by the registered manager.</p>	

Area for improvement 2 Ref: Standard 23.4 Stated: First time	The registered person shall ensure that staff training in GDPR is provided.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the training records confirmed that training was completed by staff in regards to GDPR.	

6.3 Inspection findings

6.3.1 Staffing Arrangements

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary staff were used in the home. The registered manager stated that the use of temporary staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, relatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the residents and to support the care staff.

Observation of the delivery of care evidenced that residents' needs were met and that staff attended to residents needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Residents advised that they were well looked after by the staff and felt safe and happy living in Fairlawns. Some comments received included:

- "The staff are excellent."
- "The staff were so attentive to me when I was sick. This place is excellent, really well cared for."
- "I feel very safe in here."
- "I am well looked after, if you want anything all you have to do is ask any of the staff."

No areas for improvement were identified within this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Activities and Events

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the residents. The home was decorated in preparation for Valentine's Day and the residents confirmed they had assisted in this work. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, the use of white boards, the provision of clocks and prompts for the date.

Residents confirmed that they are involved in the activity planning and that their opinion of what they would like to be involved in is sought. Review of residents' care records evidenced that residents were individually assessed for their likes and dislikes in regards to activities. There was evidence that the care plans were regularly reviewed and updated as required.

The staff on duty at the time of the inspection were observed to use every interaction as an opportunity for engagement with residents. There was clear evidence of a relaxed, pleasant and friendly atmosphere between residents and staff.

A programme of activities has been developed that is enjoyable, purposeful and age and culturally appropriate. The activities take account of residents' physical and emotional needs and interests. The planned activities for each day were available on notice boards in the dining and communal areas.

Discussion with the activity coordinator confirmed that the home has been working closely with local community groups. The activity coordinator explained how the residents were knitting woollen squares in the home. This was passed on to a local group who made the squares into blankets and returned them to the residents.

The residents advised that they are always busy in the home and the days pass by very quickly. In addition the home also provided the normal activities such as board games, bingo, reminiscence therapy, hairdressing and manicures. It was noted that the activities coordinator was mindful of the range of abilities of the residents. On the day of the inspection the hairdresser was present and the manicures were also being completed. In addition the residents were observed singing and obtained great enjoyment from this.

Comments made by one resident during the inspection included:

- "I really enjoyed potting plants over the summer and I have also assisted in flower arranging in the home."

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Meals and Mealtimes

We arrived in the home at 10.15 hours and were greeted by staff that were helpful and attentive. Residents were enjoying a morning cup of tea/coffee in one of the lounges or in their bedroom, as was their personal preference. Staff were observed assisting residents to enjoy their chosen activity and to eat and drink as required.

Observation of the lunch service confirmed that a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining areas provided an attractive environment in which to eat. The menu was displayed and offered a choice of meal each mealtime. Tables were laid with condiments, good quality crockery, cutlery and glassware. The meal portion sizes were appropriate for residents and meals were attractively presented. Additional servings of food and gravy were both offered and provided. Those residents who preferred to have lunch in their own room were provided with this in an appropriate and timely manner.

The dining experience was noted to be calm and organised. Support and assistance was provided to residents where it was required. The meals were transported throughout the home in heated trolleys. The residents were able to communicate that they enjoyed their meal.

Discussion with care staff confirmed that dietician/SALT recommendations for therapeutic diets were present and were followed. The staff were able to accurately describe the nutritional needs of individual residents who had difficulties with swallowing.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussions with residents throughout this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as;

- "We always get a choice of food, the food is great."
- "The food is lovely, we sometimes get too much."

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4 Environment

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

The home was fresh-smelling, clean and appropriately heated. There were no obvious health and safety risks observed in the internal environment.

There was some work underway in the home to reconfigure some rooms. The residents were aware of this and believed this would be a positive improvement.

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Fire Safety

The home had a fire risk assessment in place dated 11 June 2018 and no recommendations were made at this assessment. The registered manager confirmed that the fire risk assessment will be reviewed following completion of the reconfiguration work in the home.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.6 Care practices

Discreet observations of care practices evidenced residents being treated with dignity and respect. Care duties and tasks were organised and unhurried. Staff interactions with residents were polite, friendly, warm and supportive. Residents appeared comfortable, content and at ease in their environment and interactions with staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by residents, relatives and staff were:

- “I am really love it in here I am very happy.” (resident)
- “I am happy and well cared for. I could approach any of the staff if I needed to.” (resident)
- “The care provided in here is excellent. The staff are really good at keeping me informed about my relative.” (relative)
- “This is an excellent place. Our relative has settled very well. There have been no problems and any issues we raised were dealt with immediately. There is great communication between the staff and the family. The staff are fantastic.” (relative)
- “This is a really good staff team. We all work well together and help each other out.” (staff)
- “I love coming to my work. This is a lovely home to work in. There is sufficient staff on duty and the standard of care provided is very good.” (staff)

No areas for improvement were identified in this area during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.7 Care Records

Three care records were reviewed during the inspection. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Following a review of the care records and observation of one resident in the home, concern was raised with the registered manager regarding suitability of the placement in residential care. The registered manager advised that discussion was ongoing with the trust care manager in regards to this. This was identified as an area for improvement to ensure that an urgent review is undertaken to confirm that the placement continues to appropriately meet the identified needs of the resident.

One area for improvement was identified in this area to ensure a review of the placement is undertaken to confirm that it meets the needs of the resident.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.8 Governance Arrangements

The certificate of registration issued by RQIA was appropriately displayed in the front foyer in the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Discussion with the residents confirmed they were knowledgeable in regards to the management arrangements in the home. Review of the duty roster identified the person in charge of the home in the absence of the registered manager.

A review of the accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments made during the inspection included:

- “This place is really well run.” (resident)
- “The care provided is excellent and there is good support from management, all you have to do is ask.” (staff)

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ruth Brimage, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 26 February 2019</p>	<p>The registered person shall ensure that an urgent review is undertaken to confirm that the placement continues to appropriately meet the identified needs of the resident.</p> <p>Ref: 6.3.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>One resident requiring nursing care was transferred to a nursing facility on 16/02/19.</p> <p>In the last number of years, Management have experienced difficulty having residents transferred to appropriate facilities once their care needs no longer fall within our registered categories of care. Management have reviewed the situation and will now pursue a formal procedure in future to deal with this ongoing issue.</p> <p>The Health Trust's Contracts department will be informed of any issues/ difficulties we experience with transfer of clients to other appropriate registered facilities.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and
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Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

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