The Regulation and Quality Improvement Authority

Inspection Report

5 October 2023

Craigdun Care Home

Type of Service: Nursing Home
Address: 30 Dunminning Road, Cullybackey, BT42 1PE
Tel no: 028 2588 0202

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: Sped Trading Ltd **Responsible Individual:** Mrs Susan Morgan	**Registered Manager:** Mrs Margaret Helen Jess **Date registered:** 9 June 2017
Person in charge at the time of inspection: Mrs Margaret Helen Jess - manager	**Number of registered places:** 33 1 named patient in category NH-DE and 1 named patient in category NH-MP. A maximum of 3 patients in category NH-TI.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 29
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 33 patients. The home is divided over two floors with bedrooms and bathrooms on both floors and a communal dining room and lounge on the ground floor. There is a mature garden and seating area for patients use, with a view of the local countryside.	

2.0 Inspection summary

An unannounced inspection took place on 5 October 2023, from 9.30 am to 4.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified and can be found in the Quality Improvement Plan (QIP) in section 6.0.

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.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Margaret Helen Jess at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were spoken with individually and in small groups about living and working in Craigdun Nursing Home.

Patients said that the staff were lovely and there were enough staff around if they needed them for anything. They also commented that the food was lovely and the home was clean.

Staff said that the manager was very supportive and they were provided with an induction and training for their roles. Staff also said they had no concerns about staffing levels and they received an informative handover report to update them on any changes to patients care needs.

Completed questionnaires were received from patients and a relative which confirmed that they were very satisfied that care was safe, effective, compassionate and well-led.

There were no responses received from the online survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** First time	The responsible individual shall make suitable arrangements to minimise the risk of infection by addressing the IPC issues highlighted in the report.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	
Area for improvement 2 **Ref:** Regulation 14 (2)(a) **Stated:** First time	The responsible individual shall ensure all parts of the home to which patients have access are free from hazards to their safety.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time	The responsible individual shall ensure care records are accurate, up to date and regularly reviewed to meet the assessed needs of patients.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2. This are for improvement has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training showed good compliance and included moving and handling practice and fire training. Staff also confirmed that they had received an induction to prepare them for providing care for patients.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner and provided patients with a choice on how they wished to spend their day

5.2.2 Care Delivery and Record Keeping

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.

Staff were observed to be prompt in recognising patients' needs including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

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.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and alarm mats.

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

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of patients' nutritional needs to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available. The lunch time meal was a pleasant and unhurried experience for the patients.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed 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 held confidentially.

Care records reviewed were not always regularly reviewed and updated to ensure they continued to meet the patients' needs. This area for improvement has been stated for a second time.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to patients.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence throughout the home of 'homely' touches such as snacks and drinks available throughout the day.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

A number of infection prevention and control (IPC) issues were identified throughout the home. This was discussed with the manager and this area for improvement has been stated for a second time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have family/friends in their room or one of the lounges and could go out to activities in the community.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed 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, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff. As said previously patients had been consulted about their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Margaret Helen Jess has been the manager in this home since 9 June 2017.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would address these. Review of the home's record of complaints confirmed that these were well managed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).**

	Regulations	Standards
Total number of Areas for Improvement	1*	1*

* the total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Margaret Helen Jess, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** Second time	The responsible individual shall make suitable arrangements to minimise the risk of infection by addressing the IPC issues highlighted in the report. Ref: 5.1 and 5.2.3
To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** To minimise the risk of infection the following action was taken to address the issues discussed during inspection (5.2.3) The surplus, clean,decontaminated commode was removed from the bathroom/toilet into outside storage immediately. The bed rail bumpers identified with a small degree of wear and tear to the fabric were replaced with new ones immediately.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** Second time	The responsible individual shall ensure care records are accurate, up to date and regularly reviewed to meet the assessed needs of patients. Ref: 5.1 and 5.2.2
To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** Following the inspection action was taken to address areas identified re (5.2.2) Nurses were reminded when a treatment is completed e.g antibiotic, care plan must be discontinued immediately. Nurses will ensure when wounds are attended by another member of the MDT i.e. podiatry, that dressing change is documented twice, in the residents care-plan as well as MDT notes to avoid appearance of missing dates/dressing changes. Named resident social interest booklet was given and discussed with NOK however they declined to complete most sections.

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

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