



Unannounced Care Inspection Report

28 January 2021



Craigdun Care Home

Type of Service: Nursing Home (NH)
Address: 30 Dunminning Road, Cullybackey
BT42 1PE
Tel No: 028 2588 0202
Inspector: Michael Lavelle

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Sped Trading Ltd Responsible Individual(s): Susan Morgan	Registered Manager and date registered: Margaret Helen Jess, 9 June 2017
Person in charge at the time of inspection: Margaret Helen Jess	Number of registered places: 33 comprising: 28 – NH-I 1– NH-MP 1 – NH- DE 3 – 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: 24

4.0 Inspection summary

An unannounced inspection took place on 28 January 2021 from 09.45 hours to 17.30 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- leadership and governance.

Patients said they were happy living in the home. Examples of their comments are included in the main body of the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Margaret Helen Jess, registered 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients, one patient's relative and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned within the timeframe for inclusion in this report.

The following records were examined during the inspection:

- staff duty rota for the week commencing 25 January 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for three patients
- supplementary care charts, including food and fluid intake and repositioning
- a selection of accident and incident reports
- record of complaints and compliments
- one staff recruitment/induction file and agency staff induction records
- restraint policy and safeguarding of vulnerable adults policy
- records of audit
- monthly monitoring reports for the period October 2020 to December 2020.

Areas for improvement 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 24 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Regulation 36 (1) Stated: First time To be completed by: 21 April 2020	The registered person shall ensure that the homes policies and procedures on adult safeguarding and restraint are in accordance with the statutory requirements, are evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations. Ref: 6.6	Met
	Action taken as confirmed during the inspection: Review of the restraint policy and the safeguarding of vulnerable adults policy confirmed this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. The manager confirmed that during a recent outbreak in the home there were some staffing challenges although these were addressed with the use of agency staff and the support of Northern Health and Social Care Trust staff. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Deficits were identified following review of the staffing rota. For example, it did not clearly identify the full name of the staff working, all staffs job title and it was not signed by the manager or a designated representative. An area for improvement was made.

We spoke with five members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said that team working was generally good and that there was effective communication between staff and management. Staff also told us the following:

"I love caring for people. It is really rewarding. "

Arrangements were in place to ensure that newly appointed staff received training as part of their induction to the home.

6.2.2. Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed and well organised. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

Patients told us:

"There is nothing to dislike about the home. The staff are friendly."

"I am ok."

"They take good care of me. I don't do the activities but the girls come round and do things with me. I am happy here. "

"I love the music. It's great. It's very good, you couldn't get any better. I am well treated. Five stars. They are good to the people. If you were here for a week you wouldn't want to go home. "

"They take great care of me."

"It's alright. Good staff and the food is great. "

One relative spoken with told us:

"We are accommodated with visiting. My relative is well looked after and well presented."

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection; three responses were received within the timeframe for

inclusion in this report. Two negative comments were received regarding care provided in the home. These were discussed with the responsible individual who agreed to investigate the issues raised and feedback to RQIA. We did not validate any of the concerns raised during the inspection.

We found that staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We spoke with the activity leader during the inspection and discussed the provision of activities and the challenges of delivering a programme in the current pandemic. They were very positive about their role and review of records confirmed they completed an individual activity assessment for patients. They discussed the wide range of activities they have in the home and confirmed there was no activity planner on display in patient areas due to the recent outbreak. There was no evidence that provision is made for activities to be delivered in the absence of the activity leader. This was discussed with the manager who gave assurances that this would be reviewed.

On the day of the inspection planned visits were taking place in the home with the assistance of staff to facilitate social distancing. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Regular telephone calls between the home, patient and their relatives were also in place.

We saw patients enjoying their lunch in the lounges of the home or their bedrooms. During our walk around the home mid-morning and after lunch we saw staff had their breaks in the patient's dining room. This was discussed with the manager who advised that staff did not have a designated area where they could effectively social distance and described how they had their meals within the patients' dining room. We discussed the importance of implementing zones within the home for staff to ensure that the regional COVID-19 guidance is adhered to. The manager agreed to review this arrangement. This will be reviewed at a future care inspection.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

"Just wanted to drop a wee note to say a massive thank you for all your hard work at this strange time. Everything is so hugely appreciated by our family. "

"I was always impressed by how fresh and tidy the home was and I cannot recommend Craigdun enough. "

"I wish to thank you for all the love and care I received during my stay in Craigdun. It all helped towards my recovery. "

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT) and dieticians also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

We reviewed three patients' care records which evidenced that care plans were completed following a needs assessment and were reviewed regularly. However, there was limited evidence that patients or their representatives were consulted during the development of the care plans. This was discussed with the manager and an area for improvement was made.

We saw some examples where care plans were not in place in a timely manner. We reminded the manager that all care plans need to be completed within five days of admission to the home to guide staff on a daily basis. We also identified some evaluations of care which could be more patient centred and meaningful. The manager agreed to address this with nursing staff post inspection. This will be reviewed at a future care inspection.

We reviewed one patient's needs in relation to wound prevention and care. It was pleasing to see examples of robust wound assessments after the wounds were redressed; evaluations were also completed. However review of records confirmed that the wounds were not consistently dressed in keeping with the care plan instructions. An area for improvement was made.

We examined the management of patients who had falls. Review of one unwitnessed fall evidenced appropriate actions were consistently taken following the fall in keeping with best practice guidance. There was no evidence that the clinical observations taken post fall were considered by nursing staff when evaluating daily care during one identified shift. This was discussed with the manager who agreed to discuss this with staff as required.

Review of activity records identified gaps in recording of activities delivered. Review of the daily progress notes for identified patients did not evidence evaluation of activity. In addition the monthly evaluation of activity care plans did not identify the gaps identified. We discussed this with the manager who confirmed an activity leader was recently appointed in the home. The manager agreed to review activity provision, care planning and evaluation to ensure they are an integral part of the care process. This will be reviewed at a future care inspection.

Reviews of supplementary care charts such as repositioning records, fluid input/output and personal care charts evidenced these were well completed.

6.2.4 Infection prevention and control (IPC) measures and environment

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. We saw an isolated example where staff did not take off their PPE appropriately and were not socially distanced. This was discussed with the manager who agreed to address this with the staff concerned.

Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. The manager explained that the amount of domestic hours had been increased to facilitate enhanced cleaning. Staff also confirmed that bedrooms where patients were self-isolating were cleaned last.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm and fresh smelling throughout. The manager confirmed renovations had taken in the home. This was discussed with the aligned estates inspector post inspection who agreed to validate and completed works.

Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. We observed a small number of environmental deficits including a leak in the quiet room, broken ridge tiles and painting required on multiple doors and doorframes. These were discussed with the manager for action as required. These findings were also shared with the aligned estates inspector.

We identified inappropriate storage in an unused lift in the home. We asked the manager to remove these items due to the risk of fire in the home and ensure no items are stored in this area. An area for improvement was made.

6.2.5 Leadership and governance

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the deputy manager. Staff commented positively about the manager stating they were available for guidance and support. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

We looked at the records of accidents and incidents which occurred in the home; we found that not all head injuries had been reported appropriately. This was discussed with the manager who agreed to submit all outstanding notifications retrospectively. An area for improvement was made.

Review of one staff recruitment file confirmed staff were recruited safely to ensure they were suitable to work with vulnerable patients. Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies.

The manager confirmed that staff training was actively managed. Appropriate records were maintained. Review of the training matrix confirmed infection prevention and control training was outstanding for some staff. This was discussed with the manager for action as required.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, complaints, IPC, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Given the deficits identified during the inspection, we discussed ways the manager could enhance the current governance systems particularly with regards to the care records, hand hygiene and PPE use. This will be reviewed at a future care inspection.

We examined the reports of the visits by the registered provider from October 2020 to December 2020. All operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

Areas of good practice were identified in relation to care delivery and environmental cleaning. There were positive interactions between staff and patients throughout the inspection, and patients looked content and well cared for.

Areas for improvement

New areas for improvement were identified in relation to the staffing rota, planning of care, wound management, fire safety and notification of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were friendly and empathetic when responding to patients individual needs.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Craigdun Care Home was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Helen Jess, registered 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that care plans are prepared by registered nurses in consultation with patients and/or their representatives as to how the patient's needs are met.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Care plans will be reviewed to ensure they all evidence written in conjunction with patient/relative.</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure adequate precautions against the risk of fire are taken by removing all items stored in the unused lift.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Process was commenced during inspection 28/01/21 and was completed 29/01/21.</p>
Area for improvement 3 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: With immediate effect	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Reporting of notifiable events has been addressed with all Registered Nurses by process of supervisions and again at meeting held 02/03/21. A weekly accident review is completed by Home Manager or Deputy to ensure no omissions.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 28 February 2021	<p>The registered person shall ensure the staffing rota includes the first name and surname of each member of staff, their role and be signed by the registered manager or a designated representative.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Surnames are used however the rota has been adjusted 29/01/21 to include Christian names and Student Nurse designations.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure wound care is delivered in keeping with the assessed needs of the patient.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Recording of wound care has been addressed with Registered Nurses by process of supervision and staff meeting 02/03/21.</p>
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Please ensure this document is completed in full and returned via Web Portal



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