

Inspection Report

29 July 2021



Craigdun Care Home

Type of service: Nursing
Address: 30 Dunminning Road, Cullybackey, BT42 1PE
Telephone number: 028 2588 0202

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Sped Trading Ltd</p> <p>Responsible Individual: Mrs Susan Morgan</p>	<p>Registered Manager: Mrs Margaret Helen Jess</p> <p>Date registered: 9 June 2017</p>
<p>Person in charge at the time of inspection: Mrs Margaret Helen Jess Registered Manager</p>	<p>Number of registered places: 33</p> <p>1 named patient in category NH-DE and 1 named patient in category NH-MP. A maximum of 3 patients in category NH-TI.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 26</p>
<p>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 a dining room and lounge areas on the ground floor.</p>	

2.0 Inspection summary

An unannounced inspection took place on 29 July 2021, from 9.00 am to 6.00 pm by the 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.

The home was welcoming, well decorated and smelled fresh. Corridors were free from clutter and communal rooms were clean and tidy.

No concerns were raised about staffing levels. The lunch was nutritious and well-presented and staff worked well together as a team. The manager was on hand to answer any questions and support staff if needed. The home was providing safe effective compassionate care and the management team will address any concerns raised from inspection feedback.

It was evident that staff promoted the dignity and well-being of patients by asking them where they preferred to spend their day and when they wanted to rest or return to their room.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care. Interaction between staff and patients was friendly and appropriate. Patients said they felt safe in the home.

Staff provided care in a compassionate manner; for example, staff chatted with patients about the local community and the work being carried out by the local farmers beside the home.

Areas requiring improvement were identified in relation to care records, safe storage of thickening powders, infection prevention and control (IPC), completion of audit actions and consultation with relatives.

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.

RQIA were assured that addressing the areas for improvement identified during the inspection will further enhance the quality of care and services in Craigdun Care Home.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection 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 and 'Tell Us' cards 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 Margaret Helen Jess, Registered Manager at the conclusion of the inspection.

4.0 What people told us about the service

Five patients told us they were happy with the care provided in the home, had no concerns about staffing and the food was of a good quality. They said that they enjoyed the activities and the staff were "not too bad".

Two staff said the care provided in the home was safe, there was enough staff and staff were "a great bunch" and that the service was well led. One staff member felt that management did not always address issues which they brought to their attention about staff. This was brought to the attention of the manger and senior nurse.

Three questionnaires were received following the inspection. Two patients and one relative confirmed that they were either very satisfied or satisfied that care was safe, effective, compassionate and well led.

We did not receive any response to the on-line staff survey.

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 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (1) Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. Care plans showed that no discussion had taken place with families or patients.	
Area for Improvement 2 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure adequate precautions against the risk of fire are taken by removing all items stored in the unused lift.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 30 (1) (d) Stated: First time	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.	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 41	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	Met

Stated: First time	representative.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 21.1 Stated: First time	The registered person shall ensure wound care is delivered in keeping with the assessed needs of the patient.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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. Staff received an induction to prepare them to work with the patients.

There were systems in place to ensure staff were trained and supported to do their job. As well as mandatory training, additional training was provided on challenging behaviour management and Covid-19 management. A system was in place to ensure the manager monitored the completion of training by staff.

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 noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, patients were supported to spend time in their room or the communal lounges if preferred.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Buzzers were answered quickly and staff responded to residents needs at their request.

Patients said there was “plenty of staff” if you needed them. No concerns were raised about staffing levels in the home or staffs’ ability to provide care.

There were safe systems in place to ensure staff were recruited safely, trained properly, and that patient’s needs were met by the number of staff and skill of the staff on duty.

5.2.2 Care Delivery and Record Keeping

The serving of the lunch time meal was calm and organised. Music played in the background while patients chatted about daily life in the home. Most patients came to the dining room: tables were arranged suitably with condiments and cutlery. The menu was displayed showing what was prepared for the lunch meal and what alternatives were available for those who preferred something different. The food provided for lunch was nutritious, attractively presented and smelled appetising.

Staff communication with patients was observed as friendly and kind. Staff were respectful, understanding and sensitive to patients’ needs. Staff reassured patients who were confused or unsure of their surroundings.

At times there may be the need for equipment which is considered restrictive to be used for patients. For example, bed rails or alarm mats. It was established that safe systems, including care plans and risk assessments, were in place to manage this aspect of care.

A handover meeting was held at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients’ daily routine wishes and preferences.

Patient dignity and privacy was respected by staff when carrying out personal care; for example, closing bedroom doors and knocking on doors before entering. Discussion about patients care needs was carried out confidentially and tactfully.

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. Staff consulted the tissue viability specialist nurse (TVN) and followed the recommendations they made.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example residents were supervised in the lounge or when required ramble guards and buzzer mats were in place to alert staff to respond to patients.

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.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. A range of care plans were in place to guide individual nutritional needs and information to ensure patients received the right diet. Records showed that professionals such as the dietitian or speech and language therapist (SALT) were consulted when necessary.

There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available. Lunch 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 said they were happy with the care provided and were "spoilt" by staff with the care they provided.

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 showed a lack of detail regarding the moving and handling devices required for use by patients. The type of hoist, size of sling and pressure relieving mattress details were not included in the care plans and risk assessments. An area for improvement was identified.

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

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that all areas of the home were clean, tidy and well maintained. The home had been tastefully decorated and the outside of the home was well presented with a lovely seating area for patient use where the flowers in bloom.

Patients' bedrooms were personalised with items which were important to them. 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 personal touches such as flowers, snacks and drinks and art work undertaken by patients as part of the activity programme provided.

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. Following the inspection an estates inspector further assessed the home's fire risk assessment, which had been undertaken by an accredited risk assessor on the 23 September 2019, and further reviewed in September 2020. The overall risk was rated as 'Tolerable' and the significant findings had been addressed.

The home's administrator agreed to ensure that future reviews of the fire risk assessment are clearly signed-off and dated by the risk assessor.

The dining area of the home was spacious and tables were clean with condiments for patient use. There was evidence that fluid thickening agents were not safely locked away when not in use. This was discussed with staff and the fluid thickening agents were locked away safely. An area for improvement was identified.

There was evidence that the home had systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and 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 infection prevention and control (IPC) measures and 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. In one bedroom a moving and handling sling was noted to have been left on top of a commode and an alarm mat was unclean. This was identified as an area for improvement.

Visiting arrangements were managed in line with DoH and IPC guidance with visitor's temperature checked and a health declaration completed before entering the home.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they had their own routine and staff assisted them with this. Staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The manager said that regular patient meetings had not taken place since the start of the COVID-19 pandemic. The manager agreed to re-start regular meetings which would provide an opportunity for patients to comment on aspects of the running of the home. For example; planning activities and menu choices.

There was a range of activities provided for patients by staff including hairdressing, music, sing along, flower arranging, garden activities, use of the garden sensory area, floor games and puzzles.

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

Patients said staff were "looking after me" and gave positive comments about the home and care provided including "I feel safe here" and "it's beautiful here".

5.2.5 Management and Governance Arrangements

Staff told us they are supported in the home by the management team. Staff said the manager is always available to them for support. 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. It was noted that the actions for the care record audits had not been completed. This was discussed with the manager and an area for improvement was identified.

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.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Patients said that they knew who to approach if they had a complaint had confidence that any complaint would be addressed.

The home was visited each month by the registered provider. 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. There was no evidence of consultation with relatives regarding the care and running of the home. This was identified as an area for improvement.

6.0 Conclusion

Patients spoken with during the inspection said they were well cared for and felt safe in the home. Patients complimented the care provided by staff in the home. Observation of practice confirmed staff engaged with patients in a friendly and supportive manner.

As a result of the inspection findings six areas for improvement were identified; these included lack of patient/relative involvement in developing care plans, detail in the care records, safe storage of thickening powders, infection prevention and control, completion of action required from care record audits and consultation with relatives during the Regulation 29 visits to the home. Compliance with these areas will further improve the care and services provided in the home

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	4*	2

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Helen Margaret 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 16 (1) Stated: Second time To be completed by: 30 September 2021	<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: 5.1</p> <p>Response by registered person detailing the actions taken: Care plans are prepared following consultation with other health care professionals involved and assessment of needs. They are discussed and agreed. This will be evidenced as agreed with patients and/or next of kin.</p>
Area for improvement 2 Ref: Regulation 13 (4)(a) Stated: First time To be completed by: Immediately from the date of inspection	<p>The registered person shall ensure that fluid thickening powders are stored securely in the home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A secure place is and has been provided for storage. This single incident has been noted, addressed with staff and should not happen again.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediately from the date of inspection	<p>The registered person shall take action to minimise the risk of the spread of infection. This is in relation to a hoist sling left on top of a commode and a buzzer mat requiring cleaning.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Infection prevention in the home is to a high standard. This occurrence did not meet our usual standard and has been addressed.</p>
Area for improvement 4 Ref: Regulation 29 Stated: First time To be completed by: Immediately from the date of inspection	<p>The registered person shall during the Regulation 29 visits consult patient representatives regarding their views on the care and running of the home.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: This was normal practice prior to pandemic and will be resumed as soon as possible.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4.1 Stated: First time To be completed by: Immediately from the date of inspection	<p>The responsible person shall ensure care plans are written in sufficient detail to direct patient care. This is in relation to type of hoist, size of sling and pressure relieving mattress details.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All the above stated will be included in individual care plans.</p>
Area for improvement 2 Ref: Standard 35.16 Stated: First time To be completed by: Immediately from the date of inspection	<p>The responsible person shall ensure actions required following care record audits are completed in a timely manner.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: All actions required have been completed.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

Assurance, Challenge and Improvement in Health and Social Care