



# Unannounced Care Inspection Report 25 July 2018



## Craigdun Care Home

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

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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 registered nursing home which is registered to provide nursing care and residential care for up to 33 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Sped Trading Ltd  <b>Responsible Individual(s):</b> Susan Morgan	<b>Registered Manager:</b> Margaret Helen Jess
<b>Person in charge at the time of inspection:</b> Gabriela Gherasim – deputy manager	<b>Date manager registered:</b> 9 June 2017
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 33  There shall be a maximum of 2 named residents in receipt of residential care.

### 4.0 Inspection summary

An unannounced inspection took place on 25 July 2018 from 10.05 to 14.10.

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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Craigdun Care Home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to the holistic culture and ethos of care delivery; communication between staff and patients; staff awareness relating to adult safeguarding, the dining experience of patients, governance arrangements, staffing arrangements and infection prevention and control (IPC) practices. Other notable areas of good practice were also found in relation to record keeping, teamwork, understanding of roles and responsibilities and completion of Regulation 29 monitoring visits.

An area requiring improvement was identified and included the assessment of fluid intake for those patients requiring fluid monitoring.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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
<b>Total number of areas for improvement</b>	0	1

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 23 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 23 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with six patients, seven staff and one patient's visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' 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' to allow patients 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. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- patient care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints/concerns record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 23 October 2017**

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 23 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 <b>Stated:</b> First time	The registered person shall ensure that all appropriate safety checks have been completed and are evidenced within recruitment records prior to the staff member commencing employment in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the recruitment files for the two most recently employed staff members. Records demonstrated that appropriate safety checks had been completed in each case.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 12 (1) (a) (b) <b>Stated:</b> First time	The registered person must ensure good practice guidance is adhered to with regard to post falls management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Accident and incident records reviewed evidenced that post falls management was in keeping with good practice guidance.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that the staff duty rota is completed in full and includes: <ul style="list-style-type: none"> <li>• staff names written in full</li> <li>• codes used conforming to the key provided</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Duty rotas reviewed had been completed in full and included staff names written in full.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 47 Criteria (3)	The registered person shall ensure that all staff in the home receives training in first aid.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>	

<b>Stated:</b> First time	Training records reviewed evidenced that first aid training had been provided.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6 Criteria (1) <b>Stated:</b> First time	The registered person shall ensure that the door leading to the identified shower room/toilet has an appropriate locking mechanism fitted to ensure patients' privacy and dignity are protected.  <b>Action taken as confirmed during the inspection:</b> All shower rooms/toilet areas visited had a functional locking mechanism in place.	<b>Met</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that the auditing process in the home is further developed to evidence actions taken to address shortfalls identified within the auditing records.  <b>Action taken as confirmed during the inspection:</b> Audit and governance records reviewed evidenced action plans in place to address shortfalls identified.	<b>Met</b>

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The nurse in charge confirmed the planned daily staffing levels for the home. A review of the staffing rota from 16 to 29 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff who met with the inspector were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Craigdun.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from May to July 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the nurse in charge and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the nurse in charge and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, fresh smelling and clean throughout. A number of significant environmental improvements were ongoing during the inspection, this work is to be commended for the improved experience it is providing for patients. Patients and staff spoken with were complimentary in respect of the ongoing improvements to the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control best practice guidance was consistently adhered to.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and monitoring alarms. There was also evidence of consultation with relevant persons.



**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff management, adult safeguarding, infection prevention and control practices, governance and risk management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Review of three patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. However nutrition care plans did not reflect the prescribed/assessed fluid target for individual patients, this was discussed with the nurse in charge and an area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to liaising with other members of the multi-professional team, teamwork and communication between patients and staff.

**Areas for improvement**

The following area was identified for improvement in relation to the assessment of fluid intake for those patients requiring fluid monitoring.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 10.05 and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in the dining room or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. Discussion with the nurse in charge and staff confirmed that communication with patients often required a highly knowledgeable and focused approach due to patients’ varying care needs. Observation of staff interaction with patients evidenced the provision of such care and this is commended.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. The tables were appropriately set with cutlery and condiments. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients able to communicate indicated that they enjoyed their meal and the standard of food on offer.

Cards and letters of compliment and thanks were displayed in the home. Comments on one thank you care included:

“...thank you to everyone for the wonderful care you gave our mum during her time with you in Craigdun”

Consultation with six patients individually, and with others in smaller groups, confirmed that they were happy and content living in Craigdun. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Responses from four patient and patient representative questionnaires indicated that respondents were very satisfied with the delivery of safe, effective, compassionate and well led care. Comments on returned questionnaires included:

- “...care and attention is 100%”
- “...excellent standard of person centred care, brilliant staff”
- “...more than well cared for by great staff”
- “...standard of care is excellent, staff are 1st class”

Staff were asked to complete an online survey, we had no completed responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the meal time experience, staff knowledge of patients’ wishes, preferences and assessed needs.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The certificate of registration issued by RQIA was appropriately displayed in the home. The nurse in charge was knowledgeable in regards to the registered categories of care for the home.

Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. A valid certificate of employer's liability insurance was also displayed.

Since the last inspection there have been no changes in management arrangements. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The complaints procedure was displayed in areas throughout the home.

Discussion with the nurse in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition, robust measures were also in place to provide the registered manager with an overview of the management of wounds, patients' weights, restraint and use of bed rails.

Discussion with the nurse in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the nurse in charge and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Gabriela Gherasim, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person should ensure that patient nutrition care plans reflect the prescribed/assessed fluid target for individual patients who are in receipt of fluid intake monitoring.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> An ideal fluid intake is now included in the nutritional care plan for all patients who have Fluid balance charts recorded. A daily monitoring document is in place to highlight any patient not meeting their desired target.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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