



# Unannounced Care Inspection Report 24 February 2020



## Craigdun Care Home

**Type of Service: Nursing Home**  
**Address: 30 Dunminning Road, Cullybackey, BT42 1PE**  
**Tel No: 028 2588 0202**  
**Inspector: Caroline Rix**

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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.

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 registered nursing home which provides care for up to 33 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Sped Trading Ltd  <b>Responsible Individual:</b> Susan Morgan	<b>Registered Manager and date registered:</b> Margaret Helen Jess 09 June 2017
<b>Person in charge at the time of inspection:</b> Margaret Helen Jess	<b>Number of registered places:</b> 33 comprising: 27 – NH-I, 1– NH-MP 1 – NH- DE 3 – NH-TI 1– RC-I
<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 patients accommodated in the nursing home on the day of this inspection:</b> 28

### 4.0 Inspection summary

An unannounced inspection took place on 24 February 2020 from 09.45 hours to 15.15 hours.

This inspection was undertaken by the care inspector.

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

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.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

An area requiring improvement was identified in relation to their policies and procedures on adult safeguarding and restraint to be reviewed.

Patients described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this 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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with were discussed with Margaret Jess, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 10 September 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 10 September 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. Four questionnaires were returned to RQIA and indicated they were 'satisfied' or 'very satisfied' that the care was safe, effective, and compassionate and the home was well led. A comment noted on a returned survey stated: 'The care that my relative receives in Craigdun Care Home is really first class. The carers and staff are also very good and trustworthy. I would recommend Craigdun Care Home to anyone who wants their loved one cared for.'

A poster was provided for staff detailing how they could complete an electronic questionnaire with their views; no responses were received by RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 17 February to 8 March 2020
- 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
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- the registered provider monthly quality monitoring reports from November 2019 to January 2020
- RQIA registration certificate

Areas for improvement identified at the last 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 previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(7)	The registered person shall ensure that the infection prevention and control issues identified are addressed.	Met

<p><b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b>  The inspector reviewed training records which confirmed staff had been provided with infection prevention and control update training. Monitoring of staff practice has been on-going with actions taken where shortfalls identified. This area was discussed at a recent staff meeting. Observation of staff practice on the day of inspection verified the staff were following their infection prevention and control procedures.</p>	
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that registered nurses evidence clearly that they have reviewed and evaluated the effectiveness and delivery of care for any patient requiring a daily fluid intake target.</p> <p><b>Action taken as confirmed during the inspection:</b>  The inspector reviewed records that confirmed registered nurses were reviewing and evaluating daily fluid balance targets for identified patients, and appropriate actions had been taken and recorded.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the wound observation records are accurately maintained and reflect the prescribed wound care and treatment.</p> <p>The registered nurse should record a meaningful evaluation of the delivery of wound care.</p> <p><b>Action taken as confirmed during the inspection:</b>  The inspector reviewed records that verified patient wound care observations had been evaluated with full details recorded.</p>	<p><b>Met</b></p>

<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure a system is implemented to monitor the contemporaneous recording of any care chart required by patients such as bowel charts, repositioning charts, and food and fluid intake charts.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified a system is in place for monitoring the recording of any care chart required by patients, such as bowel charts, repositioning charts, and food and fluid intake charts, in a timely manner.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time	The registered person shall ensure that urinary catheters are managed effectively and in accordance with best practice guidelines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records and observed that urinary catheters were being managed effectively and in accordance with best practice guidelines.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 35 (7) <b>Stated:</b> First time	The registered person shall ensure that when auditing processes identify shortfalls that there is clear evidence of the actions taken to address these shortfalls.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified any shortfalls identified during the auditing process had been addressed and concluded.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

The manager stated that currently they are using agency care assistant staff for some night duty shifts to ensure the required staffing levels are maintained.

We also sought staff opinion on staffing via the online survey; no responses were received. Staff spoken with indicated that at times they felt there was not enough staff on duty. This area was discussed with the manager who confirmed that the recent introduction of an additional care assistant from 10.00 to 22.00 should address this staffing matter.

Patients and patients' visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; the responses confirmed there is enough staff.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

The home's staff recruitment processes was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts although staff turnover is generally low. A review of the recruitment records for one recently appointed staff member confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due. Staff indicated that additional training on specific care topics had also been provided, as required.

Staff spoken with demonstrated their knowledge of how to deal with any potential safeguarding issues; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

The inspector identified that all the senior staff and nurses had completed training to level 3 on the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice. The inspector discussed the training of all care staff to level 2 in this subject and was provided with satisfactory assurances in relation to the home's plan to address this shortfall in an agreed timeframe.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control and making a complaint. A review of the home's environment was undertaken which included bedrooms, bathrooms, lounges, the dining room and storage areas. These areas were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered.



The inspector observed that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while staff attended to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

### Areas for improvement

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

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

## 6.4 Is care effective?

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

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered, especially if patients' needs had changed.

Review of three patient's care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representatives. There was evidence of regular communication with patient representatives within the care records.

Restrictive practise management for a sample of patients was also examined. Evidence was present of risk assessments regarding the use of bed rails, alarm mats and lap belts. Supporting documentation, for example; updated risk assessments and care plans were present.

There was evidence of referrals having been made to relevant health care professionals, such as the Tissue Viability Team and dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from these professionals, dietician and/or SALT, as required, and were regularly reviewed. Review of three patient's care charts confirmed full records had been maintained relating to food and fluid intake and reposition of identified patients.

Feedback from patients' included the following comments:

- "I like it here. I can see everyone coming and going from my chair."
- "I am very happy with the care I get here."
- "I feel the care is good."

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff. It was noted that call bells were answered promptly.

Staff comments included:

- "The training is very good, I had dementia awareness and safeguarding training last week. We build up relationships with our patients and their families. The care we give is very good."
- "The resident's choices and wishes are listened to and are respected. I enjoy working here."
- "Team work here is very good. I have worked here for many years and feel my job is rewarding. We would like more time to do more of the little things that residents like."

The inspector observed the serving of lunch in the dining room. The menu choices were displayed and patients' choices had been sought. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients' likes and dislikes. Staff assisted patients as required and independent eating was encouraged. Food was observed being carried to bedrooms on trays which was appropriated covered.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients' food and fluid intake was maintained; records reviewed were up to date.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

### 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 compassionate?

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

The inspector spoke with three patients about their experience of living in Craigdun Care Home. Patients shared their views about life in the home, they commented:

- “We are very well cared for here; we couldn’t be better looked after. My friends visit me often and are always welcomed. I like my own room which is very comfortable.”
- “I like living here. I am now like one of the family. I enjoy the food and there is plenty of it. I can speak up if had any worries and it will get sorted out for me.”
- “The staff are very good to us, everyone is cared for the same with no favourites. I get all the help I need. We get the best care, food comfortable bed and attention whenever we want it.”

Relatives spoken with during the inspection commented:

- “You couldn’t ask for a better home. My relative gets great care, the staff are all lovely helpful and kind.”
- “This is a lovely home, warm, clean and no bad smells. The care is great and the nurses are on the ball to keep family informed of any changes.”
- “I never had any problems, but the family could raise any issue with the nurse or manager and am sure it would be sorted out immediately.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well”. The inspector observed patients being transferred from wheelchairs to lounge chairs using various hoists and standing aids with the staff members providing reassurance and chatting with them throughout.

The activity programme viewed on the noticeboard was found to have a variety of events and one to one items listed for the current week, and a local musician/singer was entertaining some patients on the afternoon of the inspection, the patients appeared to be really enjoying the music.

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

A number of compliments had been received by the home which included:

- “Thank you so much for the care and kindness shown to (patients name) from all our family.’
- ‘Thank you for all the care and attention you gave to our relative (patients’ name) during her stay at Craigdun.’
- ‘I wish to thank you all for the love and care I received during my stay in Craigdun Care Home. It all helped towards my recovery. I wish you all the best for the future.’
- ‘We would like to thank you all for the excellent level of end-of-life care you provided for our relative. She settled into Craigdun so quickly and I was glad I was able to pick her a room with a view. Her death was extremely dignified and peaceful, just the way we had hoped it would be. We hope you realise just how important a part you do as you look after our parents in their final years.’

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 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.**

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which the home was registered.

A review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home; this helped to ensure action was taken to address any deficits identified and to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints, medication records and care plans.

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

The inspector reviewed the homes policies and procedures on adult safeguarding and restraint. It was discussed with the manager the need for these policies and procedures to be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice which came into effect in December 2019 in Northern Ireland. This is an area for improvement identified during inspection.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of a complaint received since the last inspection in September 2019, and found the matter had been investigated and managed appropriately and resolved. Monthly quality monitoring reports were reviewed for November 2019 to January 2020. These reports had been completed by the responsible person and were appropriately detailed in line with legislation. It was identified that an action plan is generated to address any area for improvement. The records indicated engagement with staff, patients, and where appropriate,

their representatives and other professionals. Reports were noted to include reviews of the previous action plan, staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints. The inspector discussed the need for this report template to be updated to include a section or prompt regarding Deprivation of Liberty Safeguarding decisions in place for patients to be monitored.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role. Comments included:

- “I like working here; I enjoy working with our residents, chatting with them and getting to know their wee ways and personalities.”
- “We have good support from the manager who is very approachable.”
- “The teamwork and support is very good. We have the opportunity to raise ideas or issues and these do get listened to by the management.”

### 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

One area was identified for improvement in relation to the policies and procedures on adult safeguarding and restraint. These should be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding Code of Practice.

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

## 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 Jess, 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 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 36 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 April 2020</p>	<p>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.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> The homes policies with regard to adult safeguarding and restraint are under review to reference the Mental Capacity Act (NI 2016) and Deprivation of Liberty Safeguarding Code effective December 2019.</p>

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



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