

Inspection Report

28 June 2022



Craigdun Care Home

Type of service: Nursing Home (NH)

Address: 30 Dunminning Road, Cullybackey, BT42 1PE

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Sped Trading Ltd Responsible Individual: Mrs Susan Morgan	Registered Manager: Mrs Margaret Helen Jess Date registered: 09 June 2017
Person in charge at the time of inspection: Gaby Susu – deputy manager	Number of registered places: 33 1 named patient in category NH-DE and 1 named patient in category NH-MP. A maximum of 3 patients in category NH-TI.
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia. TI – Terminally ill. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 33 patients. The home is divided over two floors with bedrooms and bathrooms on both floors and a communal dining room and lounge on the ground floor. There is a mature garden and seating area for patients to use, with plants and views over the local countryside.	

2.0 Inspection summary

An unannounced inspection took place on 28 June 2022, from 9.30 am to 5.30 pm by a care inspector.

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

Staff members were observed to provide care in a compassionate manner and it was evident that staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Craigdun Care Home was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services provided.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

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

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

The daily life within the home was observed and how staff went about their work and 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 the deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

Nine patients were spoken with and confirmed that staff were attentive, the food was “really good” and the home was “very clean”. Comments about staff were positive and patients said they enjoyed the activities.

Three staff members said that the management team was supportive and available when they were needed for advice. Staff were positive in their comments about the care in the home and the communication during handover reports.

No relatives were present to provide feedback on the day of the inspection. No completed patient or relative questionnaires were received following the inspection and there were no responses to the online staff survey.

A record of compliments received about the home was kept and shared with the staff team.

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 5 October 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: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 3 Ref: Regulation 29 Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 4 Ref: Regulation 13(4) Stated: First time	<p>The responsible person shall ensure that medicines requiring cold storage are securely kept by having a lock fitted to the medicines refrigerator.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 35.16 Stated: First time	The responsible person shall ensure actions required following care record audits are completed in a timely manner.	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.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing well and additional training was provided for dementia awareness and behavioural challenges.

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. 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.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff were familiar with patients preferences and offered choice when providing care.

Records reviewed confirmed that a competency and capability assessment had been completed for those staff taking charge of the home in the absence of the manager.

A record was kept of staff registration with their professional body including the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rail, ramble guards and buzzer mats.

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

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

There was choice of meals offered, the food was attractively presented and smelled appetising, 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' 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 identified that not all care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. This was discussed with the manager for review and 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.

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

5.2.3 Management of the Environment and Infection Prevention and Control

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

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

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

Review of records confirmed that 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 however it was noted that PPE was not always used appropriately, equipment was stored in bathrooms and hairdressing facilities were located in a communal toilet area. This has been identified as an area for improvement.

A cupboard was noted to be unlocked in the communal toilet providing access to chemicals. This was brought to the attention of staff for action. This has been identified as an area for improvement

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay in their own bedrooms or spend time in the communal lounges. Patients said they could have family or friends in their room to visit if desired.

Review of documentation showed that patients were encouraged to participate in patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff. As said previously patients had helped plan their activity programme. The range of activities included movies, music, quizzes, sing along, reminiscence and sensory sessions.

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

5.2.5 Management and Governance Arrangements

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

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

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

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. Not all accidents and incidents were notified, if required, to patients' next of kin and their care manager. This was discussed with the deputy manager to be address.

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

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home.

The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified 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	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Gabby Susu, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The responsible individual shall make suitable arrangements to minimise the risk of infection by addressing the IPC issues highlighted in the report. Ref: 5.2.3
	Response by registered person detailing the actions taken: There is a high standard of infection prevention in the home which is monitored and reviewed on a regular basis. Supervisions are ongoing regarding PPE usage Hair dressing facilities will be reviewed and discussed with registered provider week beginning 22.08.22
Area for improvement 2 Ref: Regulation 14 (2)(a) Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure all parts of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3
	Response by registered person detailing the actions taken: All storage in communal area is secured. Hair dressing facilities will be reviewed as stated above.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The responsible individual shall ensure care records are accurate, up to date and regularly reviewed to meet the assessed needs of patients. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care records are reviewed on a monthly basis or more frequently as required. Individual record discussed has been addressed

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