

Inspection Report

1 September 2021



Cairngrove

Type of service: Nursing Home
**Address: Balmoral Avenue, Rathfriland Road,
Newry BT34 1JS**
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Cairnhill Home 'A' Ltd Responsible Individual: Mr Charles Anthony Digney	Registered Manager: Mr James Digney – not registered
Person in charge at the time of inspection: Mr James Digney	Number of registered places: 23
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 21
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 23 patients who have a learning disability. Patients' bedrooms are situated over two floors and patients have access to communal lounges, a dining room and gardens.	

2.0 Inspection summary

An unannounced inspection took place on 1 September 2021 from 9.40am to 4.40pm 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.

Areas requiring improvement were identified in relation to the management of falls, pressure management and notifiable events.

Patients spoke positively on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

RQIA was assured that the delivery of care and service provided in Cairngrove was safe, effective and compassionate and that the home was well led. Staff were knowledgeable about the patients in their care and care was delivered in a caring and compassionate manner.

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.

'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 James Digney, Director, at the conclusion of the inspection.

4.0 What people told us about the service

Eight patients and five staff were consulted during the inspection. Patients told us that they liked living in the home and were happy with the staff. Patients spoke fondly of how they spent their day in the home and complimented the food in the home.

Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients. One staff quoted, "I have no concerns. Love working here". Another told us, "It's grand here, no problems, I like it".

There were no responses from the staff online survey or any responses received from patients or relatives following the inspection.

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 2 March 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall arrange for the completion of a decoration condition survey for all interior and exterior decorated surfaces, and implement redecoration works to maintain the building fabric to a good standard.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. The exterior of the home had been repainted.	
Area for Improvement 2 Ref: Regulation 15 (2) (a)(b) Stated: First time	The registered person shall ensure that nutritional assessments are conducted monthly or more often as required and ensure that the identified patient's nutritional records are reviewed to ensure that they are in accordance with professional recommendations.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 15 Stated: First time	The registered person shall ensure that patients' risk assessments are completed in a timely manner from admission date to the home.	Met
	Action taken as confirmed during the inspection: A review of a recently admitted patient's care records evidenced that this area for improvement has now been met.	

Area for improvement 4 Ref: Regulation 29 Stated: First time	The registered person shall ensure that monthly monitoring visits, in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, recommence with immediate effect. A copy of the most recent report should be submitted with the returned QIP.	Met
	Action taken as confirmed during the inspection: The manager confirmed that monthly monitoring visits had recommenced and copies of the reports were submitted to RQIA following the inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 28 Stated: Second time	The registered person shall ensure that topical preparations are disposed of, from the date of opening, in line with manufacturers' guidelines.	Met
	Action taken as confirmed during the inspection: A random review of five topical preparations in use evidenced that these had been dated when opened and were used within manufacturers' guidelines.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post.

There were systems in place to ensure that staff completed training and were supported to do their job. All staff consulted were satisfied with the training provision in the home. Information sent to RQIA following the inspection confirmed that all staff had within the past year completed fire safety; infection prevention and control (IPC), patient moving and handling and adult safeguarding training.

All staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients. A system was in place to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff said there was good teamwork in the home and that they felt well supported in their role. The duty rota reflected all staff that worked in the home over a 24 hour period. Staff told us that there was enough staff on duty to meet the needs of the patients and that they were satisfied with the levels of communication between staff and management.

Patients appeared happy and were complimentary when asked about their engagements with staff. Those patients, who could, told us that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's' company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of one patient's care records, who required repositioning, found no reference to repositioning within the care plans. A contemporaneous record of repositioning had been poorly maintained. This was discussed with the manager and identified as an area for improvement. The patient did not come to any harm as a result of this gap in recording.

The accident records for two patients following separate falls in the home were reviewed. Both patients were assessed as at high/moderate risk of falls and one did not have a dedicated falls care plan to guide staff in how to manage this area of care. Neither of the patients' falls risk assessments had been reviewed following the falls and the falls care plan had not been reviewed. The incident report had not been sufficiently updated to reflect who had been informed of the falls. This was discussed with the manager and identified as an area for improvement. Clinical and neurological observations had been recorded at the time of the falls and monitored appropriately.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats, tag monitors and/or bed rails. Review of patient records and discussion with the manager and staff confirmed that the correct procedures had been followed when these had been implemented.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. There was a choice of meal on the menu and the cook confirmed that they were aware of patients' preferences at mealtime. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available served with meals. Staff attended to patients in a caring and compassionate manner. Patients spoke positively in relation to the food provision in the home. Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, kitchen and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

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 and staff. Environmental infection prevention and control audits had been conducted monthly.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

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 up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested and they could choose what clothes they wanted to wear and what food and drink options they preferred.

A programme of activities for patients was available for review. The activities person confirmed that the programme was flexible taking patients' wishes at the time into account. The activities were conducted on a group basis and on a one to one basis where this was preferable for the patient. Outings were arranged from the home taking social distancing into consideration. Several clubs within the home had been formed including the Garden Club; the Makaton Group, the Makaton Choir and a Reminiscence Group. Information regarding the Garden Club was displayed on a wall in the home. One patient also shared their presentation display of their life and interests. Other activities included sensory use, arts and crafts, beauty therapy, card making and letters to families. Records were maintained of each patient's involvement in activities in the home.

Visiting arrangements were in place. The manager confirmed that due to a sharp rise in the number of positive cases of COVID-19 in the locality and following a risk assessment; visiting was restricted to a visiting pod and the balcony of the home. We discussed the need to review the risk assessment on a regular basis to bring visiting back in accordance with DOH guidelines when appropriate. Patients were allowed to leave the home with families for pre-arranged outings. The manager confirmed that care partner arrangements had been offered to relatives but to date there had been no requests to take up this offer.

5.2.5 Management and Governance Arrangements

Since the last care inspection the management arrangements in the home had not changed. Staff commented positively about the manager and described him as always approachable; always available and they felt that he would listen to them if they had any concerns. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. A review of the accident/incident file evidenced that three notifiable incidents had not been notified to RQIA. This was discussed with the manager and identified as an area for improvement.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to, although, three staff consulted were not aware of who the adult safeguarding champion for the home was. The adult safeguarding champion is the person nominated in the home who has responsibility for implementing the regional protocol and the home's safeguarding policy. This was discussed with the manager who agreed to address this with all staff.

Since the last care inspection the manager confirmed that the home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Completed reports were forwarded to RQIA following the inspection. An area for improvement made at the previous care inspection in relation to monthly monitoring has now been met.

The manager confirmed that there were no recent or ongoing concerns relating to the home. We discussed that any area of dissatisfaction from a patient or relative should be documented as a complaint. The manager confirmed that any learning from complaints or any compliments received would be shared with staff.

6.0 Conclusion

Patients spoke fondly on their interactions with staff, involvement in the activities provided and on the food provision in the home. Staff provided individualised compassionate care and the staffing levels allowed for the delivery of this care. The environment provided warm and comfortable surroundings for patients. Compliance with best practice on infection prevention and control had been well maintained. There were good working relationships between staff and management.

Based on the inspection findings three areas for improvement were identified. Two were in relation to effective care and one was in relation to the service being well led. Details can be found in the Quality Improvement Plan included.

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	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with James Digney, Director, 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 12 (1) (a)(b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the appropriate documentation is reviewed and updated following any fall in the home.</p> <p>A 24 hour post falls proforma review should be conducted to ensure that the appropriate actions have been taken.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Recording form has been updated since inspection to ensure appropriate actions take place.</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that notifiable events to RQIA are submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Any notifiable events shall be submitted to RQIA in accordance with Regulation 30</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: First time To be completed by: 1 October 2021	<p>The registered person shall ensure that when a patient is deemed at risk of pressure damage, a care plan is in place to guide staff in the pressure management plan which should include frequency of repositioning where appropriate.</p> <p>Contemporaneous records of repositioning must be maintained at the time of repositioning and include evidence of skin checks.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Patient care plans have been reviewed and ammended and repositioing charts are being maintained.</p>

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