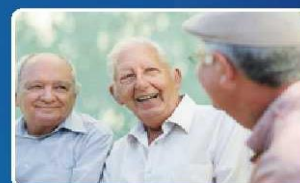




Unannounced Care Inspection Report

2 March 2021



Cairngrove

Type of Service: Nursing Home
**Address: Balmoral Avenue,
Rathfriland Road, Newry, BT34 1JS**
Tel no: 028 3026 6442
Inspector: Dermot Walsh

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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 nursing home registered to provide nursing care for up to 23 persons.

3.0 Service details

Organisation/Registered Provider: Cairnhill Home 'A' Ltd Responsible Individual: Charles Anthony Digney	Registered Manager and date registered: James Digney - Acting
Person in charge at the time of inspection: 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

4.0 Inspection summary

An unannounced inspection took place on 25 February 2021 from 09.30 to 17.45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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
Total number of areas for improvement	*4	*1

*The total number of areas for improvement includes one which has been carried forward for review to the next care inspection; one under standards which has been stated for a second time and one which has been escalated from an area for improvement under standards to an area for improvement under regulations.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with James Digney, Director, 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.

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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. None were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' 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.

The following records were examined during the inspection:

- duty rota for week commencing 14 February 2021
- staff training records
- a selection of quality assurance audits
- incident and accident records
- complaints/compliments records
- activities programme
- menu
- RQIA certificate
- three patients' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not 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

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2020.

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 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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Quotes for external painting had been received; however, work had been postponed due to effects of the Covid pandemic. Information received following the inspection confirmed that the planned works will commence as soon as possible. This area for improvement has been carried forward for review at the next inspection.	
Area for improvement 2 Ref: Regulation 12 (1) (a) and (b) Stated: Second time	The registered person shall ensure that falls management in the home is maintained in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of a patient's care records following a fall evidenced that this area for improvement has now been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Regular infection prevention and control audits had been completed. A review of the environment found that there was good compliance with best practice on infection prevention and control.</p>		
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p>	<p>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.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of two patients' nutritional assessments evidenced that this area for improvement has not been met.</p> <p>This area for improvement has not been met and has now been escalated to an area for improvement under regulation.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that topical preparations are disposed of, from the date of opening, in line with manufacturers' guidelines.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A date of opening had not been recorded on three topical preparations which were in use.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		

6.2 Inspection findings

Staffing

On the day of inspection 21 patients were accommodated in the home. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota week commencing 14 February 2021. Staff consulted during the inspection confirmed that patients' needs were met with the planned staffing levels and skill mix. Observation of care delivery during the inspection raised no concerns in relation to the staffing arrangements. Patients spoke positively on the care that they received. One told us, "Staff are good. It's nice here."

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. One staff told us, "We received a really good induction when we started working here". Training had been completed in a variety of methods; electronic learning, video and remote access using technology. Compliance with mandatory training was monitored on a training matrix. The majority of staff were compliant with training requirements. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

Staff spoke positively in relation to the teamwork in the home. One commented, "It's a lovely place to work; everyone gets on with one another". Another stated, "Everyone knows what they have to do during the day." Staff were observed to communicate well with each other during the inspection.

Care delivery

There was a relaxed environment in the home throughout the day. Staff were observed to interact with patients in a compassionate and caring manner. One patient told us, "I love it here." Patients who could not verbally communicate appeared relaxed and comfortable in their surroundings. Patients which we encountered were well presented in their appearance. Staff were aware of patients' needs and requirements. Patients' bedrooms were personalised with their own belongings.

A programme of activities was available for review. Activities included reminiscence, sensory activity, beauty therapy, music, newspapers, bingo and movies. An activity table was situated in a communal corridor where patients could, at any time, read, colour pictures, listen to compact discs or arrange jigsaws. Patients also had their own games, pictures or television/radio in their bedrooms. An activity file was maintained daily and included each patient's involvement or offer of activity. This was signed by the staff member who was interacting with the patient. Staff told us that activities were conducted on a one to one and as a group basis depending on the requests of patients.

A visiting area had been identified in the home taking IPC measures into consideration. Visits were by appointment only. Visitors were required to complete a self-declaration form, have their temperatures checked, perform hand hygiene and wear a facemask before entering the visiting room. In addition to indoor visiting, window and virtual visiting was encouraged.

The manager confirmed that they would normally communicate any change with patients' relatives via the telephone.

The manager confirmed that they were open to the care partner concept in accordance with the Department of Health guidelines but so far has not received any requests from family members to take this forward.

During the inspection we reviewed the lunchtime meal experience in the dining room. Social distancing was promoted in the dining area and staff were observed wearing the correct PPE when serving or assisting with meals. Only patients, who required, wore clothing protectors. A pictorial menu was displayed and menus offered a choice of meal. There was a good variety of food offered on the menu and the food served did appear nutritious and appetising. Drinks were served with meals and patients appeared to enjoy the mealtime.

A number of compliments were noted and logged from thank you cards and letters received by the home. An example included, 'We would like to express our sincere and heartfelt thanks for the great care and attention given to ... at all times.'

Care records

Three patients' care records were reviewed during the inspection. Nutritional risk assessments for each patient had not been consistently recorded on a monthly basis and on one review scored incorrectly. An area for improvement in this regard had been stated for the second time at the previous care inspection. This area for improvement has now been escalated to an area for improvement under The Nursing Homes Regulations (Northern Ireland) 2005 and details shared with the local trust representative.

A review of one patient's care records following a fall in the home confirmed that the correct actions had been taken and appropriate persons notified of the fall. The falls risk assessment had been updated and the patient had been safely monitored immediately following the accident.

A review of one patient's wound care records evidenced that these had been maintained well and reflected the recommendations of the tissue viability nurse.

We reviewed the care records of a recently admitted patient. The patient's risk assessments had not been completed in a timely manner from the patient's admission date. This was discussed with the manager and identified as an area for improvement.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask and visor and have our temperature checked and recorded. Hand hygiene was available at the entrance to the home. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE.

When staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with patients. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19.

As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis; the manager confirmed that patients were currently tested on a two weekly basis. The majority of staff and patients in the home had received the second dose of a COVID – 19 vaccine.

Staff confirmed that training on IPC measures and the use of PPE had been provided. Regular hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. We observed staff performing good hand hygiene practices during the inspection. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Auditing had also been conducted to ensure staffs' compliance with PPE. Staff were observed wearing the appropriate PPE during the inspection. Enhanced cleaning measures had been introduced into the home's cleaning regime. The frequency of the cleaning of touchpoints had increased. Night duty staff had a separate cleaning schedule to complete. Regular environmental cleanliness audits had been conducted.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Corridors and stairwells were clear of clutter and obstruction. Fire exits and fire extinguishers were also maintained clear of obstruction. There were no malodours in the home. Chairs and tables in the dining area and lounges had been adequately spaced to allow for social distancing. The home was clean, warm and tidy. Compliance with infection prevention and control had been well maintained. Doors leading to areas where patients may be at risk of harm had been appropriately locked.

Leadership and governance

Since the last inspection there were no changes to the management arrangements in the home. The RQIA certificate of registration was displayed appropriately. There was a clear organisational structure in the home. Discussion with staff confirmed that they would have no issue in raising any concerns with the home's management.

From the commencement of lockdown, March 2020, monthly monitoring in the home had ceased to reduce footfall in the home. However, there had been no form of monthly monitoring since March 2020 as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. This was discussed with the manager and following the inspection correspondence was sent to the responsible individual of the home to ensure that monthly monitoring recommenced with immediate effect. An area for improvement was made.

A complaints file was available for review. The manager confirmed that there had been no recent or ongoing complaints relating to the home.

There was evidence of good working relationships between the staff and management in the home.

Areas for improvement

Areas for improvement were identified in relation to timely completion of patient risk assessments from admission and with the completion of monthly monitoring visits. An area for improvement (AFI) in relation to exterior redecoration has been carried forward for review to the next care inspection.

An AFI in relation to the completion of monthly nutritional assessments has been escalated from an AFI under Standards to an AFI under Regulations. An AFI in relation to topical preparation management has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	4	1

6.3 Conclusion

The atmosphere in the home was relaxed. Staff were observed attending to patients in a caring and compassionate manner. Patients have commented positively on the care that they received and were well presented in their appearance. Compliance with IPC had been well maintained. Staff had received IPC training and training in the use of PPE. The staffing arrangements in the home were suitable to meet the needs of patients. There was evidence of good working relationships between staff and management. Four areas for improvement were identified during this inspection and one carried forward for review to the next care inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with James Digney, Director, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 1 July 2020	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. Ref: 6.1 Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 15 (2) (a)(b) Stated: First time To be completed by: 2 April 2021	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. Ref: 6.1 and 6.2 Response by registered person detailing the actions taken: Carried out monthly In response to area for improvement 1 above this was completed on 24 th March. (unable to put answer in above)
Area for improvement 3 Ref: Regulation 15 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patients' risk assessments are completed in a timely manner from admission date to the home. Ref: 6.2 Response by registered person detailing the actions taken: Care plan completed and future admissions will be completed within required timescale.

<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>A copy of the most recent report should be submitted with the returned QIP.</p> <p>Ref: 6.2</p>
<p>Response by registered person detailing the actions taken: Monthly monitoring visits have re-commenced and most recent report has been sent to RQIA.</p>	
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that topical preparations are disposed of, from the date of opening, in line with manufacturers' guidelines.</p> <p>Ref:6.1</p> <p>Response by registered person detailing the actions taken: Topical preparations are disposed of as per manufacturers guidelines.</p>

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



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