



Unannounced Care Inspection Report

3 September 2019



Cairngrove

Type of Service: Nursing Home

Address: Balmoral Avenue, Rathfriland Road, Newry BT34 1JS

Tel No: 028 3026 6442

Inspectors: Dermot Walsh and Raymond Sayers

www.rqia.org.uk

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 23 patients.

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) I – Old age not falling within any other LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 23

4.0 Inspection summary

An unannounced inspection took place on 27 August 2019 from 09.30 to 12.30 hours and on 3 September 2019 from 09.30 to 15.45 hours.

This inspection was undertaken by the care and estates inspectors.

The inspection assessed progress with all areas for improvement identified in the 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 for improvement in respect of previous estates inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing arrangements, recruitment, staff training and development, adult safeguarding, compliance on infection prevention and control, teamwork, delivery of compassionate care, quality improvement and with maintaining good working relationships.

Areas requiring improvement were identified in relation to falls management, wound care, nutrition and maintenance of interior/exterior decorate surfaces.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients 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
Total number of areas for improvement	3	1

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.

4.2 Action/enforcement taken following the most recent inspection dated 18 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 December 2018. 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 care and estates issues, 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.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 18 August 2019
- 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

- four 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
- a sample of reports of visits by the registered provider/monthly monitoring reports from January 2019
- RQIA registration certificate
- fire risk assessment
- fire detection & alarm BS5839 maintenance/test certificates & building user weekly system test
- emergency lighting annual BS5266 test/inspection certificate & monthly building user functional test
- fire-fighting equipment annual test & monthly user visual examination
- legionella risk assessment
- thermostatic mixing valve maintenance check
- lifting operations & lifting equipment regulation (LOLER) thorough examination reports for the passenger lift and mobile hoist equipment
- BS7672 periodic inspection report for the electrical installation
- portable appliance test certificates for electrical appliances
- space heating boiler maintenance certificates
- emergency generator periodic maintenance/test certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 4 Criteria (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure timely completion of appropriate risk assessments and care plans for patients from the time of admission.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: There were no recently admitted patients to the home, however, care records reviewed evidenced that risk assessments and care plans had been completed in a timely manner from admission.</p>	
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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 number of staff and the skill mix of staff on duty at any given time. A review of the duty rota for week commencing 18 August 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

A review of one recently recruited staff member's recruitment records evidenced that the appropriate pre-employment checks had been conducted prior to the staff member commencing in post. Records also indicated that the new staff member had gone through an induction process at the commencement of their employment to assist them in gaining knowledge of the homes' policies and procedures.

The manager evidenced regular checks made on all staff following employment in the home to ensure that they maintained their registration with Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) as appropriate. New care staff were required to join the NISCC register as soon as possible following commencement of employment.

A record of any training that staff had completed was maintained in the home. Identified staff within the home had been trained to train staff on moving and handling and with medication management. Staff were satisfied that the training provided assisted them in their roles within the team. A training planner for 2019 was in progress identifying upcoming training. Training compliance was monitored by the home's management. Staff indicated that they could request additional training which would be pertinent to their role.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of three patients' care records evidenced that appropriate individualised risk assessments were completed on each patient at the time of their admission. Risk assessments had been

reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. However, a review of the management of falls in the home evidenced that these had not been managed appropriately and that all relevant persons had not been notified of the fall. This was discussed with the manager and identified as an area for improvement.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was clean and fresh smelling. Compliance with infection prevention and control had been well maintained. The manager described recent improvements made to an identified bedroom and further planned improvements to be completed. Fire exits, stairwells and corridors were observed to be clear of clutter and obstruction. Appropriate signage was on doors signifying the purpose of the rooms. Doors leading to rooms containing potential hazards to patients were all appropriately locked. Patients were seated in one of the lounges or in their bedroom as was their choice.

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to the management of falls.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

Staff confirmed that the shift handover provided them with all necessary information to provide care to patients. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. However, a review of one patient's nutritional records evidenced deficits with MUST and care planning. This was discussed with the manager and identified as an area for improvement. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision in the home.

We reviewed the lunchtime meal experience. Patients dined in the main dining room. The menu offered a choice of meal for lunch. Patients who required to have their meals modified were also

afforded choice of meal. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted confirmed that they enjoyed the meal.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. We reviewed one patient's wound care records. A clear wound care plan was not evident within the patient's care records to guide the dressing regime and management of the wound. Wound care records to identify location and monitor wound progress had also not been maintained. This was discussed with the manager and identified as an area for improvement.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. The continued use of this restrictive practice was monitored at the evaluation of the patients' care plans.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff handover, teamwork and use of restrictive practice.

Areas for improvement

Areas for improvement were identified in relation to the recording of wound management and nutrition.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

Staff were observed to deliver care in a caring and timely manner. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Patients were observed to be relaxed and happy when in their chosen areas throughout the day.

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

Consultation with eight patients individually confirmed that living in Cairngrove was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- “It is good here.”
- “It’s alright.”
- “It’s good and the foods good.”

No visitors were available for consultation during the inspection. Patient representatives’ questionnaires were left for completion. None were returned.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from five staff consulted during the inspection included:

- “I love it here.”
- “I’m very happy coming to work.”
- “I really like it here.”
- “I really do enjoy coming in. The residents are brilliant.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had changed and the director was the acting manager.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. The manager confirmed that there had been no recent complaints relating to the home.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and infection prevention and control. We reviewed care plan audits. Auditing records evidenced that an action plan was developed in response to any shortfalls that were identified. There was further evidence that these action plans were reviewed to ensure completion.

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

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

Assessment of premises

Building services were maintained in a satisfactory condition in compliance with relevant standards.

The manager was informed of the following:

- It was good practice to record the fire detection & alarm manual call point test location activated at each weekly fire alarm test.
- Emergency lighting functional tests were completed at monthly intervals on all emergency light fittings.
- The frequency patient accessible hot water outlet thermostatic mixing valve control monitoring should be increased to provide monthly assurance checks.

The manager agreed to implement the additional checks and assurances immediately.

There building interior was generally decorated to a good standard, but there were some damaged surfaces requiring repair.

The building exterior decorated surfaces have sustained deterioration as a result of weathering. The manager stated that it was intended to complete an exterior redecoration works project in 2020.

Areas of good practice

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

Areas for improvement

The building interior and exterior surfaces should be subjected to a condition survey and a redecoration works project should be arranged for 2020.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2019</p>	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Falls management policy updated. staff training regarding implementation of post falls pathway carried out on 26th September 19.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2019</p>	<p>The registered person shall ensure that wound care in the home is managed and recorded in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Wound care policy updated and protocol for its management outlined with best practice guidelines.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2020</p>	<p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: As discussed at inspection, plan in place to paint outside of building next summer as weather dictates.</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>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2019</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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The resident in questions' MUST assessment and care plan has been reviewed post inspection.</p>

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



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