

Inspection Report

4 July 2023



Cairngrove

Type of service: Nursing Home

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

Telephone number: 028 3026 6442

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered organization: Cairnhill Home 'A' Ltd	Registered Manager: Ms Hannah McComb
Responsible Individual: Mr Charles Anthony Digney	Date registered: Pending
Person in charge at the time of inspection: Ms Ioana Stanco, Staff Nurse	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: 22
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. The home operates over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 4 July 2023, from 9.30am to 1.40pm. This inspection was conducted 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.

The previous areas of improvement were met.

It was evident that staff promoted the dignity and well-being of patients. Care to patients was seen to be delivered in a compassionate, kind manner.

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.

Three areas of improvement were identified during this inspection. These were in relation to staff training, furnishings and equipment and risk assessment of window openings.

RQIA will be assured that the delivery of care and service provided in Cairngrove will be safe, effective, compassionate and well led, in addressing these areas for improvement.

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.

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

4.0 What people told us about the service

Patients appeared comfortable, content and at ease in their interactions with staff and their environment.

Staff spoke positively about their roles and duties, the provision of care, teamwork, training and managerial support.

No responses from questionnaires were received in time for inclusion to this report.

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 10 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29(5) Stated: Second time	The monthly reports on the behalf of the registered person must be available on an up-to-date basis in the home.	Met
	Action taken as confirmed during the inspection: These reports were available on an up-to-date basis.	
Area for improvement 2 Ref: Regulation 19(2) Schedule 4 Stated: First time	The registered person shall establish a system of maintaining regulatory documentation in the home, so it is available for inspection and for greater managerial oversight of such.	Met
	Action taken as confirmed during the inspection: Regulatory documentation was available for inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35(9) Stated: First time	The registered person shall ensure all accident and incident reports clearly record who was notified of the event, such as the patient's next of kin, aligned named worker and / or RQIA.	Met
	Action taken as confirmed during the inspection: Accident and incident reports clearly recorded who was notified of the event.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment of staff is managed by the organisation's human resource department with the Manager's lead in this. Review of a sample of recently appointed staff members' recruitment check lists, confirmed that there was a robust system in place to ensure staff were recruited correctly to protect patients.

Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

A matrix of mandatory training provided to staff was in place. There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis. An area of improvement was made for all staff to receive Deprivation of Liberty (DoLs) training – Level 2 which was not in place. Management of the home had received Deprivation of Liberty (DoLs) training – Level 3. Staff spoke positively on the provision of training.

A schedule of staff supervision and appraisals was in place.

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.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. 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 were less able to mobilise require special attention to their skin care. Records of this care were maintained appropriately.

Falls in the home were monitored monthly to enable the Manager to identify if any patterns were emerging which in turn could assist the Manager in taking actions to prevent further falls from occurring.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and wholesome. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients confirmed that they very much enjoyed the food provided in the home.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

Care records were maintained safely and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout with a good standard of décor. Patients' bedrooms were comfortable and nicely personalised. Communal areas were suitably decorated and comfortable. Bathrooms and toilets were clean and hygienic.

An area of improvement was made to address an identified handrail in a bathroom, two specialist chairs and two sofas, which due to poor condition and were ineffective for cleaning.

A number of windows had broken window restrictors. An area of improvement was identified to put in place appropriate risk assessments.

The laundry department was tidy and well organised.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

The home's most recent fire safety risk assessment was completed on 6 July 2022. There was corresponding evidence recorded of the actions taken in response to the recommendations made from this assessment.

Fire safety training, drills and checks in the environment were maintained on an up-to-date basis.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

General observations of care practices confirmed that patients were able to choose how they spent their day. For example, patients could have a lie in or relax in one of the communal lounges.

The genre of music and television played was in keeping with patients' age group and tastes.

It was reported that an activities co-ordinator has been recently recruited and is due to commence this position very shortly. In the meantime, care staff facilitated activities with patients. Patients were engaged in their own activities such as; watching TV, resting or chatting to one another. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

5.2.5 Management and Governance Arrangements

Mr James Digney, a Director for the home, was visiting the home at the time of this inspection and received feedback of inspection findings.

Staff spoke positively about the managerial arrangements in the home saying that there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

One recently received compliments record, made the following comment; "You operate a marvellous home and your care for all the residents is second to none."

There was a system of audits and quality assurance in place. These audits included; infection prevention and control, wound care, catering and care records.

The home was visited each month by the Director on behalf of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports 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.

	Regulations	Standards
Total number of Areas for Improvement	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr 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 20 (1) (c) (I) Stated: First time To be completed by: 4 August 2023	<p>The registered person shall ensure all staff receive training in the Deprivation of Liberty – Level 2.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff have received training in Deprivation of Liberty level 2, all completed by 21st July 2023</p>
Area for improvement 2 Ref: Regulation 27 (1) (c) Stated: First time To be completed by: 4 August 2023	<p>The registered person shall make good the identified items of furniture and equipment so these can be in keeping for effective cleaning.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: New leather sofas have been ordered from Derrylecka furniture store.</p>
Area for improvement 3 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 11 July 2023	<p>The registered person shall risk assess the width of window openings in accordance with current safety guidance with subsequent appropriate action.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All window openings/catches and restrictors have been fixed to ensure they meet with current safety guidance.</p>

--	--

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

