

Inspection Report

10 January 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

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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 Hannah McComb	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. The home is operates over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 11 January 2023, from 10.20am to 2.15pm 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.

Two previous areas of improvement were met and one previous area of improvement has been stated for a second time.

It was evident that staff promoted the dignity and well-being of patients. Staff provided care in a compassionate 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.

Two areas of improvement were identified in respect of the availability of regulatory documentation at home level and the recording of accidents and incidents.

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

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 Ms Hannah McComb at the conclusion of the inspection.

4.0 What people told us about the service

Patients confirmed / indicated that they were happy with their life in the home, their relationship with staff, the provision of meals and the provision of activities.

Staff spoke in positive terms about their roles and duties, the provision of care, staffing, training and support.

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 30 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(c) Stated: First time	The registered person shall make good the identified chair so as to ensure effective cleaning. Ref: 5.2.3	Met
	Action taken as confirmed during the inspection: This chair has been removed.	
Area for improvement 2 Ref: Regulation 27(4)(a) Stated: First time	The registered person must submit details of the current fire safety risk assessment to the aligned estates inspector. These details need to include the date of the assessment and details of actions taken in response to any recommendations made from this assessment. This assessment also needs to be available in the home at all times for inspection. Ref: 5.2.3	Met
	Action taken as confirmed during the inspection: This action plan was submitted to RQIA.	
Area for improvement 3 Ref: Regulation 29(5) Stated: First time To be completed by: 7 July 2022	The monthly reports on the behalf of the registered person must be available on an up-to-date basis in the home. Ref: 5.2.5	Not met
	Action taken as confirmed during the inspection: These reports were not maintained in the home on an up-to-date basis. This area of improvement has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of one staff member's recruitment checklist, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. 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.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

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.

The Manager explained that training records are maintained by the organization's human resources department, with some records maintained at home level. Advice was given in relation to having direct managerial oversight with this and also with recruitment in terms of receiving a recruitment checklist for each new employee. An area of improvement was made in this regard.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia.

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 and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The catering and laundry departments were clean, tidy and well organised.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 5 July 2022. There was corresponding evidence in place of the actions taken in response to the three recommendations made from this assessment.

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

Patients' needs were met through a range of individual and group activities, such as crafts and games and social outings. At the time of this inspection small groups of patients were engaged in planned activities, for which they were seen to gain enjoyment and fulfilment. One patient was keen to explain the programme of activities displayed and items of crafts done from previous activities.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

5.2.5 Management and Governance Arrangements

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

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.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. 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. An area of improvement was made to clearly record in the accident and incident reports whether or not; RQIA and / or the patient's aligned named worker were informed of the event. This was not being clearly recorded.

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

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 the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	2*	1

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Hannah McComb, 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 29(5) Stated: Second time To be completed by: 11 January 2023	The monthly reports on the behalf of the registered person must be available on an up-to-date basis in the home. Ref: 5.1 Response by registered person detailing the actions taken: Monthly reports are up to date and available in nursing home

<p>Area for improvement 2</p> <p>Ref: Regulation 19(2) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2023</p>	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: System for maintaining regulatory documentation i.e. recruitment and training is in place in nursing home. manager has schedule to check/review monthly</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35(9)</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2023</p>	<p>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..</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: staff have been reminded to ensure everyone who has been notified about an accident/incident is clearly stated on accident / incident form.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

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