



Unannounced Follow-up Care Inspection Report 16 January 2020



Cairngrove

Type of Service: Nursing Home
Address: Balmoral Avenue, Rathfriland Road, Newry BT34 1JS
Tel No: 028 3026 6442
Inspectors: Dermot Walsh and Mandy Ellis

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 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(s): Charles Anthony Digney	Registered Manager and date registered: James Digney – acting no application required
Person in charge at the time of inspection: Ioana Stancu – Nurse in charge	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: 23

4.0 Inspection summary

An unannounced inspection took place on 16 January 2020 from 10.00 to 15.15 hours.

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.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

The following areas were examined during the inspection:

- environment
- wound care
- management of falls
- nutritional assessment screening
- consultation

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 others. 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	*2

*The total number of areas for improvement includes two which have been stated for a second time and one which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ioana Stancu, nurse in charge, 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 3 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 3 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 inspectors met with seven patients and three staff. Ten questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- three patient care records
- a sample of patient care charts including food and fluid intake charts
- incident and accident records
- RQIA registration certificate.

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

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 12 (1) (a) and (b) Stated: First 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.	Not met
	Action taken as confirmed during the inspection: A review of two patients' accident records evidenced that this area for improvement has not been met. This will be further discussed in section 6.2. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 12 (1) (a) and (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There were no patients in the home that required a wound dressing. Discussion with the nurse in charge evidenced good knowledge on the management of wounds.	
Area for improvement 3 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

	<p>Action taken as confirmed during the inspection: 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.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 12 Stated: First 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>	Not met
	<p>Action taken as confirmed during the inspection: A review of three patients' care records evidenced that this area for improvement has not been met. This will be further discussed in section 6.2.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	

6.2 Inspection findings

Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be free from clutter and any obstruction. Bedrooms and communal rooms were maintained clean and tidy. Bedrooms had been personalised with patients' own belongings. Patients were observed entering and leaving their bedrooms whenever they wished. There were no lingering malodours detected in the home. However, compliance with best practice on infection prevention and control had not been well maintained within identified areas in the home. This was discussed with the nurse in charge and identified as an area for improvement.

We identified that a topical preparation had potentially been used outside of the manufacturer's guidelines. This was discussed with the nurse in charge and identified as an area for improvement.

Wound care

As previously stated in section 6.1, there were no patients in the home that required a wound dressing. Discussion with the nurse in charge evidenced the actions that would be taken and the records which would be maintained in the event of any patient's skin breakdown.

Management of falls

We reviewed two patients' care records following an accident where they either sustained a head injury or the potential for a head injury. On both occasions falls risk assessments and care plans had not been updated following the accident. Neurological observations had been checked but had not been monitored for a full 24 hours from the time of the accident. The appropriate persons had been notified that the accident had occurred. An area for improvement in relation to the management of falls has been stated for the second time.

Nutritional assessment screening

We reviewed three patient care records in relation to nutritional assessment screening. A nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. However, gaps were evident within all three patients' records on the completion of a monthly MUST assessment. One patient did not have a completed MUST since September 2019. An area for improvement in this regard has been stated for the second time.

Consultation

Consultation with seven patients individually, and with others in smaller groups, confirmed that they were happy living in Cairngrove. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- "It's my home."
- "It's alright here. Girls are alright."

No patients' representatives 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 three staff consulted during the inspection included:

- "I really like it here. I enjoy coming to work."
- "It is grand here. All's good."
- "I love it here. Always very clean."

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

Areas of good practice were identified in relation to environmental fire safety, the personalisation of patients' bedrooms and patients' contentment in the home.

Areas for improvement

An area for improvement was identified in relation to compliance with best practice on infection prevention and control and with the use of topical preparations. Areas for improvement in relation to falls management and nutritional assessment have been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ioana Stancu, nurse in charge, 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	<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: 6.1</p> <p>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.</p>
Area for improvement 2 Ref: Regulation 12 (1) (a) and (b) Stated: Second time To be completed by: 16 February 2020	<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: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: New Falls Management protocol implemented since inspection.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 29 February 2020	<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>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Identified piece of equipment has been replaced and infection control assessment tool reviewed.</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: Second time</p> <p>To be completed by: 16 February 2020</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: 6.1 and 6.2</p>
	<p>Response by registered person detailing the actions taken: MUST assessments are reviewed monthly and the identified residents MUST assessment has been amended.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First 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: 6.2</p>
	<p>Response by registered person detailing the actions taken: Topical preparations are checked and disposed of as per manufacturers guidelines.</p>

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



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