



Unannounced Care Inspection Report 18 December 2018



Cairngrove

Type of Service: Nursing Home

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

Tel No: 028 3026 6442

Inspectors: Julie Palmer and Dermot Walsh

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is 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: Lisa Mary Austin
Person in charge at the time of inspection: Hanna McComb (Nurse in charge) James Digney (Director)	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 23

4.0 Inspection summary

An unannounced inspection took place on 18 December 2018 from 09.50 to 14.20.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing arrangements, staff training, staff interactions with patients, patient care, the home's general environment, governance arrangements, communication, teamwork and management of incidents. There was further good practice found in relation to the delivery of compassionate care and maintaining good working relationships.

An area requiring improvement under standards was identified in relation to timely completion of risk assessments and development of care plans for newly admitted patients.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Lisa Austin, registered manager (in part), and 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 31 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 31 May 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

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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspectors met with eight patients and four staff. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. The inspectors provided the nurse in charge with 'Have we missed you cards' which were then placed in a prominent position 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 10 December to 23 December 2018
- incident and accident records
- three patient care records

- three patients' daily care charts including personal care, food and fluid intake and bowel management
- a sample of governance audits
- compliments received
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- record keeping analysis

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 the most recent inspection dated 31 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 31 May 2018

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 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system to ensure infection prevention and control compliance must be developed.	Met
	Action taken as confirmed during the inspection: Issues identified at the previous inspection have been rectified and managed in accordance with best practice guidelines.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure that Braden and bedrail assessments are reviewed at least monthly in keeping with best practice.	Met
	Action taken as confirmed during the inspection: Review of three patients' care records evidenced monthly review of Braden and bedrail assessments.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that the registered manager's hours on the duty rota reflects the capacity in which these hours are worked.	Met
	Action taken as confirmed during the inspection: Review of the duty rota for 10 December to 23 December 2018 evidenced illustration of the capacity in which the registered manager's hours were worked.	
Area for improvement 3 Ref: Standard 22 Stated: First time	The registered person shall ensure that a falls risk assessment is completed on all patients admitted within 24 hours of admission and were relevant; a specific falls care plan is developed to manage any identified risks.	Met
	Action taken as confirmed during the inspection: Review of three patients' care records confirmed falls risk assessments were completed on admission and were up to date at the time of inspection.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 10 December to 23 December 2018 evidenced that the planned staffing

levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were generally satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey; no responses were received within the timescale indicated.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Cairngrove. We also sought the opinion of patients on staffing via questionnaires; none were returned within the timescale indicated.

We discussed the provision of mandatory training with staff who confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Staff also stated that if they request additional training, the registered manager and director would facilitate this where possible. Observation of the delivery of care evidenced that training had been embedded into practice, for example, moving and handling.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed. These assessments informed the care planning process. However, a shortfall identified in record keeping will be discussed in section 6.5.

We reviewed accidents/incidents records from the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment. Christmas decorations were arranged throughout the home; activities and parties had been planned for the holiday period. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control (IPC) had been well maintained. Isolated IPC issues were managed during the inspection. The director confirmed that refurbishment in the home was an ongoing process.

A review of care records and discussion with the registered manager evidenced that there was no wounds in the home and that risk assessments, in respect of pressure management, were regularly reviewed and updated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, supervision, infection prevention and control, skin care, risk management, communication and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

We reviewed three patient care records during the inspection; two of which related to patients recently admitted to the home. We reviewed the management of nutrition, moving and handling and risk of falls. One patient's care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. However, patient care records reviewed for two recently admitted patients evidenced deficits. There was no evidence that a nutritional assessment had been completed within one patient's records. There was also no evidence of nutritional or moving and handling assessments within the second patient's records. Care plans in relation to these areas were also not evident within the patient's records, although, the daily progress evaluation evidenced that a speech and language therapist (SALT) assessment had been completed and staff were aware of the recommendations made by SALT. An area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients and staff, teamwork and the shift handover.

Areas for improvement

An area for improvement was identified under standards in relation to ensuring timely completion of appropriate risk assessments and care plans for individual patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 09.50 hours and were greeted by staff who were helpful and attentive. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The director confirmed that a recent update to the home’s safeguarding policy had been disseminated to all staff, patients and patients’ representatives. The director also confirmed the measures in place to ensure that all patients could be facilitated to receive visitors in private as the patient chooses.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. Staff and patients commented that they had all enjoyed a recent Christmas party held in the home and were looking forward to the upcoming festivities. Christmas trees and decorations were tastefully displayed throughout the home.

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. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date. The lounges were nicely decorated and well equipped with appropriate seating, board games and televisions.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Thank you one and all for all you do to keep the spark of life glowing and gleaming to..”
- “Thank you for looking after ... so well. I enjoyed visiting ... and the staff were always friendly to me.”

Consultation with eight patients individually confirmed that living in Cairngrove was a positive experience.

Patient comments included:

- “Like it here.”
- “Good food.”
- “I enjoyed the Christmas party.”
- “Staff are nice.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

No patient representatives were available for consultation during the inspection. Ten relative questionnaires were provided; none were returned within the timescale indicated.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered 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, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked. Discussion with the registered manager and staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, management of complaints, IPC practices and care records.

A review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A 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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

One area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Lisa Austin, registered manager (in part), and 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 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 4 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</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>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A comprehensive holistic assessment of any new resident to nursing home shall be completed within 11 days of admission, using validated assessment tools.</p>
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Please ensure this document is completed in full and returned via Web Portal



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