

Inspection Report

30 June 2020



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

Organisation/Registered Provider: Cairnhill Home 'A' Ltd	Registered Manager: Mr. James Digney
Responsible Individual: Mr. Charles Anthony Digney	Date Registered: Acting – No application required
Person in charge at the time of inspection: Ms. Ionna Stancu, 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 residents accommodated in the residential care home on the day of this inspection: 23
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides health and social care for up to 23 patients. The home is over two floors with shared communal living areas on both floors.	

2.0 Inspection summary

An unannounced inspection took place on 30 June 2022, from 9.50am 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.

There was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of patients.

It was evident that staff members were knowledgeable and well trained to deliver safe and effective care.

Three areas requiring improvement were identified during this inspection. These were in relation to repair of an identified chair, fire safety risk assessment and availability of monthly monitoring reports.

Patients said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Cairngrove was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

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, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During this inspection all patients were met with. All confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere. One patient made the following comment; "It's very good here. The staff members are very good too".

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing levels, training and the teamwork.

Two visiting relatives said they were very happy with the care provided and the kindness and support received from staff.

Two returned patient questionnaires were very positive and complimentary about the provision of care in the home.

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 18 November 2021		
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)(b) Stated: First time	The registered person shall ensure that the appropriate documentation is reviewed and updated following any fall in the home. A 24 hour post falls proforma review should be conducted to ensure that the appropriate actions have been taken.	Met
	Action taken as confirmed during the inspection: A 24 hour post falls proforma has been put in place.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that notifiable events to RQIA are submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: A review of accidents and incidents confirmed that RQIA were notified appropriately of such events.	

Action required to ensure compliance with the Nursing Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: First time	The registered person shall ensure that when a patient is deemed at risk of pressure damage, a care plan is in place to guide staff in the pressure management plan which should include frequency of repositioning where appropriate.	Met
	Contemporaneous records of repositioning must be maintained at the time of repositioning and include evidence of skin checks.	
	Action taken as confirmed during the inspection: These care records and progress records were maintained appropriately.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Review of a staff member's recruitment records confirmed that staff were recruited in accordance with Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

The registration details of staff registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis and these registrations were maintained appropriately.

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. One member of staff made the following comment; "It's a lovely place to work. James (the Manager) is a great boss, very approachable".

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis.

Staff said that there was enough staff on duty to meet the needs of the patients.

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. For example there were residents with dietary needs and social activities.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One patient made the following comment; "It's a great place. I like the staff. They are very good to me".

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patient care records were maintained which accurately reflected the needs of the patients. 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. Staff were seen to engage with patients' consent with statements such as "Would you like to..." and "Are you okay with...." when delivering personal care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were appropriately managed. There was evidence of appropriate onward referral, e.g. with their GP, as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a good provision of meal choices including those patients who needed specialist diets. It was observed that patients enjoyed their lunchtime meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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 care records were held confidentially. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each patient had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. The Manager reported that plans are being put in place to redecorate the reception and corridor areas and replace ceiling tiles, as necessary.

An area of improvement was made in respect of a chair which was torn and ineffective for cleaning, to be made good.

Cleaning chemicals were maintained safely and securely.

Fire safety records were well maintained with up-to-date fire safety checks of the environment, fire safety drills and fire safety training for staff. The home's most recent fire safety risk assessment was not readily available for inspection. An area of improvement was made for details of this assessment to be submitted to the home's 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.

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 observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Patients were seen to be comfortable, content and at ease in their environment and interactions with staff. There was seen to be a nice rapport between staff and patients with a relaxed atmosphere. One patient made the following comment; "I am very happy here. I love my home".

Activities were facilitated on a small group basis and on a one to one basis. Patients who participated in same were seen to have enjoyment and fulfilled from this. Photographs and displays of artwork and craftwork in activities were displayed. The activities co-ordinator spoke with enthusiasm and positivity of their role and patients' enjoyment of such provision.

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

Discussion with patients confirmed that they was able to choose how they spent their day. For example, patients could have a lie in or participate in activities and pastimes of choice. Patients said that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear food and drink options, and where and how they wished to spend their time.

5.2.5 Management and Governance Arrangements

Mr. James Digney is the acting Manager of the home until a registered manager has been recruited. Staff spoke positively about the manager, saying that they were readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and staff spoken with said that they knew how to report any concerns and said they were confident that the Manager would take these issues seriously and act on.

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 and reported appropriately.

The Manager said that home was visited each month by a representative to consult with patients, their relatives and staff and to examine all areas of the running of the home. The last two months' reports of these visits were not readily available for inspection but were submitted to RQIA following this inspection. An area of improvement was made for these reports to be available for inspection at all times and be available for review by patients, their representatives and the Trust.

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, 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 27(2)(c) Stated: First time To be completed by: 28 July 2022	The registered person shall make good the identified chair so as to ensure effective cleaning. Ref: 5.2.3
	Response by registered person detailing the actions taken: Chair in question has been removed.
Area for improvement 2 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 28 July 2022	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
	Response by registered person detailing the actions taken: Fire risk assessment took place on 5 th July 2022. Details of action to be taken will be submitted to estates inspector once we receive same from fire risk assessment company.
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
	Response by registered person detailing the actions taken: The two missing monthly reports have been placed in file within the home.

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



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

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care