



# Unannounced Care Inspection Report 31 May 2018



## Cairngrove

**Type of Service: Nursing Home (NH)**

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

**Tel No: 028 30266442**

**Inspectors: Dermot Walsh and Thomas Hughes**

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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

<b>Organisation/Registered Provider:</b> Cairnhill Home 'A' Ltd  <b>Responsible Individual:</b> Charles Anthony Digney	<b>Registered Manager:</b> Lisa Mary Austin
<b>Person in charge at the time of inspection:</b> Lisa Mary Austin	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	<b>Number of registered places:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 31 May 2018 from 09.45 to 17.00 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 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, recruitment practice, staff training and development, monitoring registration status of staff, the home's general environment care planning, teamwork, governance arrangements, management of incidents, quality improvement, maintaining good working relationships and in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

An area requiring improvement under regulation was identified in relation to compliance with best practice on infection prevention and control. Areas were identified for improvement under standards in relation to documentation of the registered manager's working hours and falls prevention documentation. An area for improvement under standards in relation to the review of risk assessments was stated for the second time.

Patients described living in the home in positive terms. Some patient comments can be found in section 6.6. 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
<b>Total number of areas for improvement</b>	1	*3

\*The total number of areas for improvement includes one under standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Lisa Austin, registered manager 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 7 August 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 7 August 2017. 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 we met with 10 patients and five 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 questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 21 May 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 7 August 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 7 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that Braden and bedrail assessments are reviewed at least monthly in keeping with best practice.	<b>Not met</b>
	A review of one patient's care records evidenced that this area for improvement has not been met.	
	This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time	The registered person shall ensure that the carpet in the identified dayroom is replaced and that the chipped furniture is repaired and repainted or replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the identified room confirmed that the carpet had been replaced. There was evidence that furniture had been repaired/replaced since the last care 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 registered manager 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 for week commencing 21 May 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. The rota identified the hours worked by the registered manager, though, did not clearly indicate the capacity in which these hours were worked. This was discussed with the registered manager and identified as an area for improvement under standards.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. 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.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff 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 confirmed that they were encouraged to suggest additional training that they viewed as relevant and the homes management would facilitate this training. Discussion with the registered manager confirmed that all training in the home was conducted on a face to face basis. There was evidence of upcoming training displayed on a noticeboard at a staffing area. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified and had attended training pertinent to this role. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and that these assessments informed the care planning process.

We reviewed accidents/incidents records since 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. However, a falls risk assessment had not been completed on the patient's care records reviewed and a specific falls care plan had not been developed where required. This was discussed with the registered manager and identified as an area for improvement.

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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. As previously stated, there was evidence that flooring had been replaced in an identified room on the first floor. There was further evidence that furnishings had been repaired/replaced since the previous care inspection.



The registered manager confirmed that repair/replacement of furniture was an ongoing process in the home as the need arose. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection rates and use of antibiotics was monitored on a regular basis in the home.

The following issues were identified which were not managed in accordance with best practice guidelines on infection prevention and control (IPC):

- inappropriate storage of personal products in communal toilets
- exposed toilet rolls in communal toilets
- identified fixtures and fittings requiring replacement
- pressure relieving cushion was internally stained and in disrepair
- high level dusting not conducted in identified area
- unprotected fabric pull cords in toilets
- rusting shower chair in use

The above issues were discussed with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. An area for improvement under regulation was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of alarm mats. Restrictive practices were monitored on a monthly basis in the home.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, staff training and development, monitoring registration status of staff and the home's general environment.

### **Areas for improvement**

An area was identified for improvement under regulation in relation to compliance with best practice in infection prevention and control.

Areas for improvement under standards were identified in relation to the recording of the registered manager's hours on the duty rota and record keeping in relation to falls prevention.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2



## 6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Care plans were detailed and person centred. We reviewed the management of nutrition, patients' weights and wound care. 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. Care plans had been reviewed regularly.

Risk assessments in respect of Braden and/or malnutrition universal scoring tool (MUST) assessments had not been reviewed appropriately within two patients' care records. One had not been updated since January 2018. This was discussed with the registered manager and an area for improvement made at the previous care inspection was stated for the second time.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. Supplementary care charts such as reposition, bowel management and 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. Staff confirmed that they 'feel valued' and that the home's management were 'very approachable and listen to concerns'.

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

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

### Areas of good practice

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

## Areas for improvement

An area for improvement made under standards in relation to the review of risk assessments has been stated for the second time.

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 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 09.45 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 registered manager advised that patients' meetings were held on a twice yearly basis. The registered manager also confirmed regular one to one contact with patients' representatives and that annual relative satisfaction surveys were conducted.

There was an extensive activity programme on display. Activities included exercise, aromatherapy, music, beauty therapy and life stories. Patients spoke fondly of outings such as shopping in Newry, going to the cinema, going to concerts and attending roadshows such as the Hugo Duncan roadshow. Daily activity records were maintained and activities included involvement from relatives.

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.

The serving of lunch was observed in the dining room. Lunch commenced at 12:25 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. One patient commented 'the food is very good'. Staff were knowledgeable in respect of patients' dietary requirements.

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

- “I enjoyed visiting ... and the staff were always friendly to me which made my visits so much easier.”
- “I just want to let you know that you gave me and ... the happiest most wonderful afternoon of our long lives.”
- “Thank you to each and every one of you for all you do to make her life as bright and as cheerful and contented as it can be.”

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Cairngrove was a positive experience. Ten patient questionnaires were left for completion. Four questionnaires were returned.

Patient comments:

- “Staff are very good here.”
- “It is my home. I love it here.”
- “I enjoy the breakfast.”
- “I like living here. The staff are very nice and good to me.”
- “We go out shopping.”
- “I love living here. Staff are great.”
- “Get plenty of food here.”
- “It’s very good. I love it here.”

No patient representatives were consulted during the inspection. Ten patient representative questionnaires were left for completion. Six were returned within the timescale.

Some patient representative comments:

- “A lovely place for my brother to be. All the staff are wonderful. Lisa is lovely. Very pleased and thankful for all they do.”
- “An excellent home from home. Lovely staff.”
- “... I thank God every day for the integrity, conviction and meticulous care that is at the heart of Cairngrove and staff.”

Staff were asked to complete an online survey, we had no responses within the timescale specified. Comments from five staff consulted during the inspection included:

- “I love it here.”
- “We are all like family here.”
- “It’s fine here.”
- “We feel valued here.”
- “There is good teamwork.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses 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, dignity and privacy, 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
<b>Total number of areas for improvement</b>	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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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. The home had not received any recent complaints.

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, infection prevention and control practices, care records and restrictive practice. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and 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 incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lisa Austin, registered manager, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<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 to ensure infection prevention and control compliance must be developed.</p> <p><b>Ref:</b> Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All issues identified by the inspectors either have been or are being fully rectified as stated on day of inspection</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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall ensure that Braden and bedrail assessments are reviewed at least monthly in keeping with best practice.</p> <p><b>Ref:</b> Sections 6.3 and 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> All residents braden and bedrail assessments are now updated monthly as identified.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall ensure that the registered manager's hours on the duty rota reflects the capacity in which these hours are worked.</p> <p><b>Ref:</b> Section 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The duty has been amended to illustrate when the manager is working on the floor and when they have office hours.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>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.</p> <p><b>Ref:</b> Section 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All residents now have a falls risk assessment completed and a careplan to manage risks.</p>

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



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