

Inspection Report

6 October 2022



Cairnhill

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Cairnhill Home 'A' Ltd	Registered Manager: Ms Carmel McVeigh
Responsible Individual: Mr Charles Anthony Digney	Date registered: 24 June 2020
Person in charge at the time of inspection: Ms. Marie Therese McCann, staff nurse then Ms. Carmel McVeigh from 12.00	Number of registered places: 22
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: 22
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 22 patients. The layout of the home is over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 6 October 2022, from 10.20am to 3.15pm 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. All but one of these areas of improvement were found to be met. The one area of improvement not met was in relation to accessibility of hand gels. This has been stated for a second time.

Three areas of improvement were identified during this inspection. These were in relation to dysphasia training, COSHH and the home's fire safety risk assessment.

It was evident that staff promoted the dignity and well-being of patients. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care. Staff provided care in a compassionate manner, with dignity and respect.

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.

RQIA were assured that the delivery of care and service provided in Cairnhill was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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 Ms. Carmel McVeigh, Manager, at the conclusion of the inspection

4.0 What people told us about the service

Patients appeared comfortable, content and at ease in their environment and interactions with staff.

Staff said they felt that the care provided was very good and they were satisfied with their managerial support and training and that there was good team working and staff morale. ,

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 11 January 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: Second time	The registered person shall ensure that when a patient is deemed at risk of pressure damage, a dedicated care plan is developed to guide staff on how to manage this aspect of their care. Where appropriate, records of repositioning must be maintained to evidence the care provided.	Met
	Action taken as confirmed during the inspection: Review of a care plan and care records pertaining to these needs found these to be appropriately in place.	
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: Second time	The registered person shall ensure that falls in the home are managed in accordance with best practice guidance. A 24 hour post falls review should be conducted to ensure the appropriate actions have been taken following the fall; the appropriate documentation is present and updated and the appropriate persons notified of the fall.	Met
	Action taken as confirmed during the inspection: Review of the accidents and incidents confirmed that the appropriate protocols were in place following a fall.	

Area for improvement 3 Ref: Regulation 15 Stated: Second time	The registered person shall ensure that patients' admission documentation, including risk assessments and care plans, are completed in a timely manner from admission to the home.	Met
	Action taken as confirmed during the inspection: Review of two newly admitted patients' care records confirmed that these documents were appropriately in place.	
Area for improvement 4 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall ensure that all routes to fire escapes remain clear so that they do not impede on evacuation procedures in the event of a fire in the home.	Met
	Action taken as confirmed during the inspection: There were no obstructions to any of the fire safety exits.	
Area for improvement 5 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that hand hygiene provision is readily available for staff use and that staff perform hand hygiene at the appropriate times.	Not met
	Action taken as confirmed during the inspection: There was seen to be a lack of accessible hand washing gels in the environment.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Criteria (1) Stated: Third and final time	The registered person shall ensure that the IPC issues identified on inspection are managed to reduce the risk of any spread of infection.	Met
	Action taken as confirmed during the inspection: These identified IPC issues had been addressed.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The Manager receives confirmation from the organisation's administration office by a checklist confirming that each staff member is recruited in accordance with Regulation 21 Schedule 2 of The Nursing Homes Regulations (Northern Ireland 2005). These checklists were maintained in the home.

Staff receive a programme of induction on appointment.

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. The Manager explained that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. It was also 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.

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. Review of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and staff morale and that they felt well supported in their role. Staff said that they were satisfied with the staffing levels.

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. An area of improvement was identified with staff needing to receive training in dysphasia.

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 (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were skilled in understanding patients' needs and wishes. Staff were seen to understand individual patient's choices and were seen to act on these with kindness and sensitivity. Staff interactions with patients were observed to be pleasant, polite, friendly and warm.

Patients' 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

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, through up-to-date audits and care planning.

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.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their 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 choice of meals offered, the food was attractively presented and smelled appetising, 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. If required, patients 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 training in dysphasia was not in place but the Manager gave assurances that this would be acted upon and understood the importance of this training..

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

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 progress records were kept of how each patients spent their day and the care and support provided by staff. Advice was given on reviewing the nature how progress records are written so that these had more descriptive detail as oppose to repetitive type statements of care given. The Manager agreed to take this forward with staff.

The outcomes of visits from any healthcare professional were also recorded.

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. 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 in place to redecorate the paintwork of the doors throughout the home which were noticeably marked and stained.

Cleaning chemicals were identified in areas of the home which were not maintained safely and securely. These were pointed out at the time. An area of improvement was identified to review this aspect of safety.

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, fire safety drills and fire safety training. The home's most recent fire safety risk assessment was dated 5 July 2022. There were a significant number of recommendations made from this assessment with no corresponding recorded evidence of actions taken. The Manager was able to give assurances with each of these recommendations that they had or were being addressed. An area of improvement was made for a time bound action plan to be submitted to the home's aligned estates inspection detailing how these recommendations will be addressed.

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.

There was seen to be a lack of accessible hand washing gels in the environment. This was raised with the Manager who agreed to review the accessibility of such provision and at the same time risk assessing the safety of their location. This has been identified as an area of improvement for a second time.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time.

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

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff. One patient said; "I am very happy here. I can't see any problems."

Programmes of organised activities were in place for which patients were seen to be in enjoyment from.

The atmosphere and ambience of the home was peaceful and homely.

5.2.5 Management and Governance Arrangements

Ms. Carmel McVeigh is the Registered Manager of the home. Staff commented positively about the Manager and described them as supportive, approachable and always available for guidance. Mr. James Digney, proprietor, was also available during this inspection.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. There were good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

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	4*	0

* 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. Carmel McVeigh, 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 13(7) Stated: Second time To be completed by: 7 October 2022	The registered person shall ensure that hand hygiene provision is readily available for staff and visitors' use. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Personal hand gels obtained for all staff, supply of same available in office for visitors to home.
Area for improvement 2 Ref: Regulation 20(1)(c) Stated: First time To be completed by: 6 November 2022	The registered person shall ensure all staff receive up-to-date training in dysphasia. Ref: 5.2.1
	Response by registered person detailing the actions taken: All staff have been registered with HSC E-learning to access Dysphagia training as per Clare Byrne (SLT) instructions, and majority of staff have completed same.
Area for improvement 3 Ref: Regulation 14(2)(a) Stated: First time To be completed by: 6 October 2022	The registered person shall ensure all cleaning chemicals are stored safely and securely at all times, including possible access to same. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff have been reminded about the importance of storing all cleaning chemicals safely when not being used. COSHH guidelines reinforced to all staff.
Area for improvement 4 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 6 November 2022	The registered person shall submit a time bound action plan, to the home's aligned estates inspector, detailing how all the recommendations in the fire safety risk assessment, dated 5 July 2022, will be dealt with. Ref: 5.2.3
	Response by registered person detailing the actions taken: All actions on Fire Risk Assessment have been completed except fire notice stickers on fire doors. stickers have been purchased and are ready to go onto doors, but waiting on painter to paint doors first. painter has been instructed to carry out work.

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