

Inspection Report

11 January 2022



Cairnhill

Type of Service: Nursing Home
Address: 39 Rathfriland Road, Newry, BT34 1JZ
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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 Carmel McVeigh	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 home on the day of this inspection: 22
Brief description of the accommodation/how the service operates: This is a registered nursing home registered to care for up to 22 persons with a learning disability. Patients' bedrooms are located over two floors and patients have access to communal dayrooms and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 11 January 2022 from 11.00am to 3.30pm by a care inspector.

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:

- staffing – including deployment and recruitment
- environment
- infection prevention and control
- care delivery and record keeping.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and 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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with eight patients and three staff. Patients spoke positively of the care that they received and on their interactions with staff. Patients told us that they were happy and enjoyed living in the home. Staff confirmed that they enjoyed working in the home and engaging with the patients. Staff stated that the homes' management team were approachable and responsive to any concerns that they may have. There were no questionnaire responses or any feedback from the staff online survey received.

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 care inspection dated 11 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: Second time	The registered person shall ensure that thickening agents are stored safely when not in use and not accessible to patients.	Met
	Action taken as confirmed during the inspection: Thickening agents were not observed accessible to patients when not in use.	
Area for improvement 2 Ref: Regulation 16 (1) Stated: First 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.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in section 5.2.4. This area for improvement has not been fully met and will be stated for the second time.	
Area for improvement 3 Ref: Regulation 12 (1) (a) (b) Stated: First 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.	Partially met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in section 5.2.4.</p> <p>This area for improvement has not been fully met and will be stated for the second time.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p>	<p>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.</p>	Not met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and this will be discussed further in section 5.2.4.</p> <p>This area for improvement has not been met and will be stated for the second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that any patient deemed at risk of pressure damage has a documented evidence of skin check at least once every 24 hours.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the IPC issues identified on inspection are managed to reduce the risk of any spread of infection.</p>	Not met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met. This will be discussed further in Section 5.2.3</p> <p>This area for improvement has not been met and has now been stated for the third and final time.</p>	

Area for improvement 3 Ref: Standard 5 Criteria (8) Stated: First time	The registered person shall ensure that any records identifying patients' care needs are maintained confidentially.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing arrangements

Patients' needs were observed to be met in a timely manner during the inspection with the staffing level and skill mix of staff on duty. Staff consulted during the inspection raised no concerns in regards to the staffing arrangements. Staff confirmed that the staffing level would be increased to facilitate an increase in patients' dependency levels such as when increased monitoring and supervision was required. The duty rota accurately reflected staffs' working hours and the capacity in which these hours were worked. Patients raised no concerns in respect of the staffing arrangements.

5.2.2 Environment

The home was warm, clean and comfortable. There were no malodours detected in the home. Environmental audits had been completed and a review of the premises formed part of the provider's monthly monitoring visit.

The route to a fire escape on the first floor was partially occluded by the placement of patients' specialised seating. This was discussed with the manager and identified as an area for improvement. All other fire escapes in the home were not obstructed. Fire extinguishers were found to be easily accessible.

Patients' bedrooms were clean and tidy and had been personalised with items important to them. Doors leading to rooms containing hazards to patients were locked to ensure patients' safety.

5.2.3 Infection prevention and control

On entry to the home we had our temperature checked and completed a declaration form to ensure that we were not experiencing any symptoms of Covid – 19 or had been in close contact with anyone who was potentially positive with Covid – 19.

Equipment in use in the home had been audited to ensure cleanliness. Random audits were conducted on mattresses and pressure relieving cushions. Equipment reviewed during the inspection was observed clean.

An area for improvement identifying areas in the home which required refurbishment, to enhance infection prevention and control measures, had initially been identified during a care inspection on 25 January 2021. A subsequent care inspection on 11 June 2021 found the area for improvement had not been fully met and this was stated for a second time. Reference was made within the provider's monthly monitoring reports during October and November 2021 of contacts made with painters, however, the area for improvement remains unmet at this inspection and has now been stated for the third and final time.

There was signage throughout the home on how to don (put on) and doff (take off) personal protective equipment (PPE). Staff were observed wearing PPE at the appropriate intervals. Staff confirmed that training had been provided on infection prevention and control procedures. Staff use of PPE had been audited to ensure that staff were compliant in its use. Audits had also been conducted on hand hygiene. However, the audit captured staff performance on hand hygiene using the seven step technique but did not review if the hand hygiene was conducted at the appropriate times. There was no provision for staff to perform hand hygiene in the main lounge or the dining room and in addition a number of hand gel dispensers were found to be empty. As a result, staff did not perform hand hygiene at the appropriate moments. This was discussed with the manager who confirmed that gel for the dispensers had been ordered. An area for improvement was identified.

5.2.4 Care delivery and record keeping

Patients were positive when speaking of living in Cairnhill. Those who could not verbally communicate were observed to be relaxed in their environment. Patients could choose where to sit or spend their day and staff supported patients in their decisions. Staff were observed interacting with all patients in a caring and compassionate manner. Cards and letters of thanks and appreciation had been maintained in the home and shared with staff.

The admission care records of a recently admitted patient was reviewed. Not all relevant risk assessments and care plans had been completed in a timely manner from the date of admission. This was discussed with the manager and an area for improvement in this regard identified at the previous care inspection has been stated for the second time.

Two patients' pressure management records were reviewed. Both patients' care plans were not detailed enough to identify the repositioning regimes required. Both patients' repositioning records had significant gaps between repositioning times within them. Some had only one entry made over the 24 hour period and other identified days had no entries made. One patient's pressure management assessment had not been completed consistently on a monthly basis. One patient's repositioning records identified a skin deformity which was not captured within the staff nurse's daily evaluation record. This was discussed with the manager and an area for improvement in this regard identified at the previous care inspection has been stated for the second time. There were no wounds in the home requiring active wound dressing and no patients came to any harm as a result of the omissions in record keeping.

Accident and incident records were reviewed following two patient falls in the home. The patients' fall's risk assessments and fall's care plans had been updated following each of the falls. Records indicated that the patients had been monitored appropriately following each fall. On each occasion the patient's next of kin and the manager had been notified of the fall. Records indicated that the Trust were informed of one of the falls and not the other.

RQIA had not been notified of either fall when both of the falls were notifiable as injuries had occurred as a result of the accident. This was discussed with the manager and an area for improvement in this regard identified at the previous care inspection has been stated for the second time.

Patients care records were maintained confidentially and there were no records containing patients' details identified in any of the communal areas in the home.

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 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	5*	1*

* the total number of areas for improvement includes three under regulations that have been stated for a second time and one under standards which has been stated for the third and final time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Carmel McVeigh, Registered 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 16 (1) Stated: Second time To be completed by: 11 February 2022	<p>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.</p> <p>Where appropriate, records of repositioning must be maintained to evidence the care provided.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: Care plans have been checked and updated to state times of repositioning. Repositioning charts are all now kept in file in office not in residents bedrooms.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 11 February 2022</p>	<p>The registered person shall ensure that falls in the home are managed in accordance with best practice guidance.</p> <p>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.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: All future notifiable incidents will be sent to RQIA</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15</p> <p>Stated: Second time</p> <p>To be completed by: 11 February 2022</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: Manager has met with all staff involved in careplanning, and has reinforced importance of ensuring all documents relating to new admissions are completed in a timely manner. a new checklist has been developed which is sent for your attention.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: identified obstacle was cleared on 12th January 2022.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: hand sanitiser is now readily available in dining area.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 44 Criteria (1) Stated: Third and final time To be completed by: 11 April 2022	The registered person shall ensure that the IPC issues identified on inspection are managed to reduce the risk of any spread of infection. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Painting of identified areas completed on 10/02/2022

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