The Regulation and Quality Improvement Authority

Inspection Report

11 June 2021

Cairnhill

Type of Service: Nursing Home
Address: 39 Rathfriland Road, Newry, BT34 1JZ
Tel no: 028 3026 8112

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 **Responsible Individual:** Charles Anthony Digney	**Registered Manager:** Carmel McVeigh **Date registered:** 24 June 2020
Person in charge at the time of inspection: Nicola Roach (Nurse in Charge)	**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:** 21
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides care for up to 22 persons. Patient bedrooms are located over two floors. Patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 11 June 2021 from 9.30am to 5.00pm 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.

Areas requiring improvement were identified in relation to record keeping, confidentiality and allocated manager's hours. Areas for improvement in relation to infection control, storage of thickeners and with pressure management have been stated for the second time.

Patients said that living in the home was a good experience and talked about the choices they had in how to spend their day. 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 and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the effectiveness of quality of care and services in Cairnhill.

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 and 'Tell Us' cards 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 Nicola Roach, Nurse In Charge, at the conclusion of the inspection and with Carmel McVeigh, Registered Manager, following the inspection.

4.0 What people told us about the service

Seven patients and five staff were consulted during the inspection. Patients spoke positively on the care that they received and with their interactions with staff describing staff as lovely and friendly. Patients also complimented the food provision in the home and the activities provided. Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients. One staff quoted that they had, "Complete job satisfaction".

There were no questionnaire responses received or any responses from the online survey.

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 25 January 2021 & 11 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 14 (2) (a)(c) **Stated:** First time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health. **Action taken as confirmed during the inspection**: Chemicals were not found accessible to patients in any area within the home.	**Met**
Area for improvement 2 **Ref:** Regulation 13 (4) (a) **Stated:** First time	The registered person shall ensure that thickening agents are stored safely when not in use and not accessible to patients. **Action taken as confirmed during the inspection**: Thickening agents were observed accessible to patients during the inspection. This area for improvement has not been met and has been stated for the second time.	**Not met**
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 39 **Stated:** First time	The registered person shall ensure that relevant staff in the home receives training on the management of distressed reactions. **Action taken as confirmed during the inspection**: Discussion with staff and a review of training records confirmed that this training had been completed.	**Met**

Area for improvement 2 **Ref**: Standard 11 **Stated:** First time	The registered person shall review the provision of activities in the home to ensure that all patients are receiving meaningful activities.	**Met**
	Action taken as confirmed during the inspection: A new activity coordinator had been employed and patients were engaging in meaningful activities.	
Area for improvement 3 **Ref**: Standard 23 **Stated:** First time	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.	**Not met**
	Action taken as confirmed during the inspection: Review of a patient's care records who required pressure management 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.	
Area for improvement 4 **Ref**: Standard 44 Criteria (1) **Stated:** First time	The registered person shall ensure that the IPC issues identified on inspection are managed to reduce the risk of any spread of infection.	**Partially met**
	Action taken as confirmed during the inspection: Actions had not been taken to rectify all the areas identified at the previous inspection. This area for improvement has been partially met and has been stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety.

A system was in place to ensure that staff completed their training. All staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff said there was good teamwork in the home and that they felt well supported in their role. The duty rota identified the nurse in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients. Staff were satisfied with the levels of communication between staff and management.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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. This was good practice. However, records identifying patients' needs were on display in two communal areas in the home. This was discussed with the manager and identified as an area for improvement. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of a patient's care records, who was assessed as being at a high risk of developing pressure damage, evidenced that an appropriate care plan had not been developed to guide care in this area. While staff confirmed that the patient had been repositioned regularly, records of the repositioning had not been maintained. This was discussed with the manager and identified as an area for improvement. There was no regular recording of skin checks within the patient's evaluation records. An area for improvement in this regard has been stated for the second time. The patient did not come to any harm as a result of the gap in record keeping and there were no wounds in the home.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, use of an alarm mat.

A post falls protocol was on display at the nurses station showing the actions to take following a fall in the home. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. The number of falls in the home was low. There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. A review of a patient's care records following a fall evidenced that the patient did not have a falls care plan in place when there was an identified risk. A post fall review had not been conducted and the full range of neurological observations had not been monitored appropriately. This was discussed with the manager and identified as an area for improvement.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats, tag monitors and/or bed rails. Review of patient records and discussion with the manager and staff confirmed that the correct procedures had not been followed when the use of a tag monitor had been implemented. This was discussed with the manager and identified as an area for improvement.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available served with meals. Staff attended to patients in a caring and compassionate manner. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home. Patients' weights were monitored monthly, or more often if required, for weight loss and/or weight gain.

A review of a patient's admission records evidenced that not all risk assessments and care plans had been completed in a timely manner from the time of admission. This was discussed with the manager and identified as an area for improvement.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Compliance with best practice in infection prevention and control had improved since the last care inspection, although, some areas identified at the last inspection had not been actioned and an area for improvement in this regard has been stated for the second time. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. 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

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could go out with their families, remain in their bedroom or go to a communal room when they requested.

An activity coordinator had recently commenced employment in the home. There was a dedicated room for activity provision in the home where socially distanced group activities could occur or one to one activities facilitated. Activities were also conducted throughout the home, including in patients' bedrooms and outside drives and walks were also facilitated. The activities provided included art, games, DVDs, beauty therapy, reminiscence and sand play. Outdoor activities incorporated gardening, swing ball and football. A diary was maintained to record activity provision and carers maintained an activity file in the absence of the coordinator to record additional activity provision. Each patient had an individual record maintained to ensure that all patients who wished to could engage with activities in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting to the home was by appointment only. There were no care partner arrangements in the home as no requests had been made.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. There has been no change in the management of the home since the last inspection. Mrs Carmel McVeigh has been the registered manager in this home since 24 June 2020.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. However, given the findings of this inspection, particularly in relation to record keeping, the care record audit should be reviewed to ensure effectiveness. An area for improvement was identified to ensure that the manager has sufficient management hours allocated on the duty rota and on a supernumerary basis to fulfil the manager's responsibilities in the smooth running of the home. The duty rota must clearly record the manager's hours and the capacity in which they were worked.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. A complaints file was maintained and confirmed that there were no recent or ongoing complaints relating to the home. Cards and compliments were displayed in the nurses' office and shared with staff.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

The home was visited each month by a representative of the registered provider 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by patients, their representatives, the Trust and RQIA.

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.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

6.0 Conclusion

Patients spoke positively on living in the home. They were afforded choice on how to spend their day and staff supported patients with their choices. Staff were knowledgeable in relation to each patient's individual needs and care was provided in a caring and compassionate manner. Patients' bedrooms were personalised with their own belongings and communal living areas were maintained clean and tidy. There was evidence of good working relationships between staff and management.

Based on the inspection findings nine areas for improvement were identified. Six were in relation to effective care; two in relation to safe care and one was in relation to the service being well led – details can be found in the Quality Improvement Plan below.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	4*	5*

* the total number of areas for improvement includes one under regulation and two under standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Nicola Roach, Nurse In Charge, at the conclusion of the inspection and with Carmel McVeigh, Registered Manager, following the inspection 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 (4) (a) **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that thickening agents are stored safely when not in use and not accessible to patients. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Thickening agents are now stored in locked dry food store in kitchen when not in use. all staff aware of same.
Area for improvement 2 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 11 July 2021	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: On 12th June all records were updated and all forms put in place in care notes. repositioning chart put in place for resident who required same.
Area for improvement 3 **Ref**: Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 11 July 2021	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: All staff have been updated on post falls management via zoom meeting and training guidance was emailed to all staff nurses.

Area for improvement 4 **Ref:** Regulation 15 **Stated:** First time **To be completed by:** With immediate effect	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. Ref: 5.2.6
	Response by registered person detailing the actions taken: Documents completed on 12th June , all staff nurses made aware of importance of completing documentation in timely manner.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref**: Standard 23 **Stated:** Second time **To be completed by:** 11 July 2021	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All staff updated on importance of documentation on skin checks. documents for relevant residents are now in place.
Area for improvement 2 **Ref**: Standard 44 Criteria (1) **Stated:** Second time **To be completed by:** 11 July 2021	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: IPC issues identified have all been met, including painting of identified areas which has been arranged with painter.
Area for improvement 3 **Ref:** Standard 5 Criteria (8) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that any records identifying patients' care needs are maintained confidentially. Ref: 5.2.2
	Response by registered person detailing the actions taken: All records identifying residents care needs have been removed to maintain confidentiality.

Area for improvement 4 **Ref:** Standard 18 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that when a restrictive practice is implemented in the home the correct procedures are followed prior to the practice being initiated. Ref: 5.2.2
	Response by registered person detailing the actions taken: All documents have been updated, family consent obtained and same has been documented.
Area for improvement 5 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 11 July 2021	The registered person shall ensure that the manager is allocated sufficient hours in which to fulfil their management responsibilities. The manager's hours must be recorded on the duty rota clearly identifying the capacity in which they were worked. Ref: 5.2.5
	Response by registered person detailing the actions taken: Manager has been allocated hours management hours on a weekly basis and same is clearly identified on rota.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews