

Inspection Report

23 February 2023



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

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
|---|---|
| Organisation/Registered Provider: Cairnhill Home 'A' Ltd | Registered Manager: 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 nursing home on the day of this inspection: 21 |
| 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 home operates over two floors. | |

2.0 Inspection summary

An unannounced inspection took place on 23 February 2023, from 10am to 1.40pm 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 previous areas of improvement were found to be met.

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

Staff promoted the dignity and well-being of patients and were knowledgeable and well trained to deliver safe and effective care.

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.

No areas of improvement were identified during this inspection.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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 at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they were happy with their life in the home, their relationship with staff, the provision of activities and provision of meals.

Staff spoke in positive terms about their roles and duties, the provision of care, staffing levels, training and managerial support.

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 6 October 2022 | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time | The registered person shall ensure that hand hygiene provision is readily available for staff and visitors' use. | Met |
| | Action taken as confirmed during the inspection: Hand hygiene provision was readily available for staff and visitors' use. | |
| Area for Improvement 2 Ref: Regulation 20 (1) (c) Stated: First time | The registered person shall ensure all staff receive up-to-date training in dysphagia. | Met |
| | Action taken as confirmed during the inspection: All staff have received training in dysphagia. | |
| Area for Improvement 3 Ref: Regulation 14 (2) (a) Stated: First time | The registered person shall ensure all cleaning chemicals are stored safely and securely at all times, including possible access to same. | Met |
| | Action taken as confirmed during the inspection: Cleaning chemicals were seen to be stored safely and securely. | |
| Area for Improvement 4 Ref: Regulation 27 (4) (a) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: This time bound action plan was submitted. | |

| 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 issues have been addressed. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

The duty rota identified the nurse in charge when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

The home maintained a recruitment checklist of each employee which details their recruitments checks completed before they commence employment.

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 or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

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

5.2.2 Care Delivery and Record Keeping

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. One patient said; "I am very happy here. All is very good."

Care records were maintained safely and securely. Care records accurately reflected the needs of the patients.

Care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered, the food was attractively presented 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. Records 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 had received training in dysphagia. The supervision and assistance with the dinner time meal was seen to be organised, unhurried and person-centred.

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

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. An on-going programme of decoration was in place with paintwork completed to the ground floor doors and corridors. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and tidy.

There was a comfortable temperature throughout the home.

Cleaning chemicals were stored safely and securely.

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 and fire safety drills.

The home's most recent fire safety risk assessment was dated 5 July 2022. There was corresponding evidence recorded of actions taken in response to the recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for getting up, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

A programme of planned activities was in place for which those patients who partook on were seek to be in enjoyment and fulfilment from.

The genre of music played and television programmes was appropriate for the age group and tastes of patients.

one patient made the following comment; "It is very good here. I enjoy knitting and the food is very good."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Carmel McVeigh has been the Manager in this home since 24 June 2020.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. 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.

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.

There was a system in place to manage complaints and discussions with the Manager confirmed she had knowledge of how such expressions would be managed.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Carmel McVeigh, Manager, as part of the inspection process and can be found in the main body of the report.



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