

Inspection Report

25 July 2023



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 Joanne Farrell, Staff Nurse	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 home is operating over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 25 July 2023, from 9.40am to 2.30pm. The inspection was conducted by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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.

Staff provided care in a compassionate kind manner and had good understanding of patients' needs.

Four areas requiring improvement were identified during this inspection. These were in relation to the upkeep of the environment, fire safety, storage of dental cleaning products and inappropriate storage of equipment and furnishings.

RQIA will be assured that the delivery of care and service provided in Cairnhill will be safe, effective, compassionate and well led, in addressing these areas for improvement.

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 Joanne Farrell, Staff Nurse, at the conclusion of the inspection.

4.0 What people told us about the service

Patients said / indicated that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere in the home. One patient said; "I love it here. All is very good."

Staff spoke positively about their roles and duties, the provision of care, training and managerial support.

There were no responses from questionnaires received in time for inclusion to this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Cairnhill was undertaken on 23 February 2023 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment of staff is managed by the organisation's human resource department and the Manager of the home. When an employee has been successfully appointed the Manager of the home receives confirmation from the human resource department that all pre-employee checks are suitably in place.

All nursing and care staff are registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). Checks are maintained on a monthly basis of these registrations.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff said that there was enough staff on duty to meet the needs of the patients.

It was 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.

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke positively on the provision of training. Mandatory training for staff was maintained on an up-to-date basis.

Any nurse who has the responsibility of being in charge of the home, in the absence of the Manager has a competency and capability assessment in place for this responsibility.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive. The atmosphere was relaxed, pleasant and friendly. 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.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. One patient said; "The staff are lovely."

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.

At times 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients. The atmosphere was calm and relaxed.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and wholesome.

Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT).

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

Care records were maintained safely and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Patients' bedrooms were comfortable and nicely personalised. Communal areas were suitably decorated and comfortable. Bathrooms and toilets were clean and hygienic.

An area of improvement was identified with a significant number of bedroom doors which had surface damage to the paintwork and an area of a corridor wall which had cracks to the plaster surface. These were ineffective for cleaning. An area of the upstairs corridor carpet was heavily stained and also needed to be made good.

Cleaning chemicals were stored safely and securely. An upstairs store room had an unlocked cupboard with denture cleaning products which needed to be stored safely.

Inappropriate storage of specialist chairs and walking aids were in a part of an upstairs corridor and also additional inappropriate storage of items was found in two downstairs bathrooms. This has been identified as an area of improvement.

The grounds of the home were suitably maintained.

The home's most recent fire safety risk assessment was completed on 5 July 2022. There was corresponding evidence recorded of the actions taken in response to the recommendations made from this assessment. A recommended review date was recorded in this assessment for 5 July 2023, which was yet to take place. An area of improvement was made for a time bound action plan to be submitted to RQIA in response to the four recommendations made from the Northern Ireland Fire & Rescue Service (NIF&RS), on 27 September 2022. In responding to this, the date of the scheduled review of the fire safety risk assessment also needs to be included.

Fire safety training, drills and checks in the environment were maintained on an up-to-date basis.

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

General observations of care practices confirmed that patients they were able to choose how they spent their day. For example, patients could have a lie in or relax in the communal lounge.

Patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Additional to this, the activities co-ordinator described how activities were facilitated on a one to one or small group basis for those patients who wished to partake. Records of activities were well maintained. Patients were seen to be comfortable, content and settled in their surroundings and in their interactions with staff.

Two patients made the following comments; "I am the best. Everything is very good here. Everyone is very kind." and "I like it here, very much."

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 registered manager in this home since 24 June 2020.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed and reported to the relevant stakeholders correctly.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. These included audits of restrictive practices, infection prevention and control and audits of care records.

The home was visited each month by a director on the behalf of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports 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 and the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Joanne Farrell, Staff Nurse, 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 27 (1) (d) Stated: First time To be completed by: 25 August 2023	The registered person shall submit a time bound action plan detailing how the deficits in the environment will be addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Painting has been booked in with leo connel painters and decorators, waiting on them to provide us with a date to carry out same. carpet has been measured and will be replaced when painting has been done.
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 25 August 2023	The registered person shall submit a time bound action to be submitted in response to the four recommendations made from the Northern Ireland Fire & Rescue Service (NIF&RS), on 27 September 2022 and the date the fire safety risk assessment will be reviewed. Ref:5.2.3
	Response by registered person detailing the actions taken: All recommendations have been addressed
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 47 (5) Stated: First time To be completed by: 25 July 2023	The registered person shall ensure that denture cleaning products are stored safely and securely, in accordance with guidance. Ref: 5.2.3
	Response by registered person detailing the actions taken: Denture cleaning products are now stored safely and securely in accordance with guidance.

Area for improvement 2 Ref: Standard 44 (3) Stated: First time To be completed by: 25 August 2023	The registered person shall review and make good areas of inappropriate storage in the home, such as bathrooms and corridors. Ref: 5.2.3
	Response by registered person detailing the actions taken: NRS have been contacted to come and remove wheelchairs that are no longer in use. all areas identified are now clear.

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