

Inspection Report

Name of Service: Cairngrove
Provider: Cairnhill Home 'A' Ltd
Date of Inspection: 27 February 2025

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/:	Mr Charles Anthony Digney
Registered Manager:	Ms Hannah McComb
Service Profile: This home is a registered nursing home which provides nursing care for up to 23 patients under and over 65 years of age with a learning disability. Patient accommodation is over two floors and there is a range of communal areas throughout the home.	

2.0 Inspection summary

An unannounced inspection took place on 27 February 2025 from 9.50 am to 4 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last inspection on 31 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is 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. Refer to Section 3.2 for more details.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said that they were very satisfied with the care and services provided in the home. When speaking about the care, patients said, "it's nearly too good, we are spoiled", "we are treated the best."

Patients described staff as, "very kind, lovely people", and one patient said, "I love the staff."

Patients told us that they were happy with the environment, saying it was "comfortable and clean", and one patient told us about how they chose the décor for their bedroom.

Patients said that the food was "great" and talked about enjoying activities in the home. Some patients said that they liked joining in the organised group activities, while some patients explained that they preferred to occupy their own time with interests and hobbies such as watching television, writing letters, or enjoying visits with family.

One patient questionnaire was received following the inspection. This patient indicated that they were very satisfied with the care and services provided in Cairn Grove. They said, "I am happy with the care...staff keep an eye on me, they ask me if I'm okay."

No relatives were available to speak with during the inspection. However, RQIA received two completed questionnaires from relatives following the inspection. The respondents indicated that they were satisfied with the care and services provided to their loved ones. They described staff as, "very helpful anytime we are in", and said they were, "very happy with everything". One relative said, "the care given could not be better...the home has a family feel...first class care always", and "I feel safe in the knowledge that (loved one) is extremely well cared for and that

pleases me so much. I could not be happier with the care provided by...the family of Cairngrove.”

Staff said that they were happy working in the home and that the care was good. Staff said that they were busy but that there was good teamwork and that they received regular training. No staff survey responses were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. Staff recruitment was overseen by a human resources department and the manager had oversight of this system.

There was a system in place to monitor staffs' professional registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). However, review of this system found that it was not robust and it was unclear if all staff registrations were valid. Following the inspection, the manager provided evidence to show that all staff were appropriately registered. The importance of having a robust and transparent system in place was discussed with the manager. This will be reviewed again at the next care inspection.

Staff were provided with mandatory training relevant to their roles within the home. The manager had oversight of this system.

In the absence of the manager, a nurse assumes charge of the home. Nurses taking charge of the home should have competency and capability assessments in place to ensure that they have the required skills, knowledge, and up to date information for this role. Records reviewed during the inspection indicated that some nurses' assessments were overdue. Following the inspection, the manager was able to provide information to evidence that all nurses' competency assessments were up to date. This system will be reviewed again at the next care inspection.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that while they were kept busy, they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patient's needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, 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. For example, when a patient started to become restless, staff were

quick to redirect the patient's energy and attention towards a recreational activity that they knew the patient liked.

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 also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff provided assistance or support with mobility where required, specialist mobility equipment was used where recommended by physiotherapy, and patient areas were kept free from clutter. Examination of care records evidenced that falls were well managed. However, review of governance records indicated that there was no system in place to analyse falls that occurred in the home, to identify patterns and trends. An area for improvement was identified.

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 and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. Observation of a planned group activity of art in the morning confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their space with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Patients' needs were met through a range of individual and group activities such as games, arts and crafts, hairdressing, one to one reading or listening to music.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment Control

The home was generally clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were adequately decorated, suitably furnished, warm and comfortable. There were some homely touches around the home, such as photographs of patients and staff enjoying outings or special events.

Records could not be found in relation to the risk assessments of window openings and any potential subsequent actions. Discussion with the manager following the inspection confirmed that this had not been completed. A previously identified area for improvement was stated for a second time.

While the home was generally clean, some shortfalls in the management of infection prevention and control were found in the environment. For example, a number of shower chairs were found to have visibly dirty undersides and a number of bathrooms did not have bin liners in the bins for disposal of general and/or clinical waste. An area for improvement was identified.

It was noted that a number of identified areas of the home had flaking paint. For example, around some bathroom windows and skylights, and radiator piping. In addition, some sink taps had missing covers, which did not allow for effective cleaning. An area for improvement was identified.

The most recent fire risk assessment was undertaken on 5 December 2024. Records indicated that recommendations made by the fire assessor were addressed. A fire door at the nursing station was found to be propped open using a door wedge. An area for improvement was identified.

The lift maintenance room located on the first floor was found to be unlocked. An area for improvement was identified.

3.3.5 Quality of Management Systems

There had been no change in the management of the home since the last inspection. Ms Hannah McComb has been the manager in this home since 19 September 2022 and was registered with RQIA on 10 October 2023.

Staff spoke positively about the manager and said she was approachable.

Review of the manager's working hours evidenced that a significant number of hours were worked in the capacity of nurse. A small number of hours were allocated for the manager to undertake her managerial duties. Review of the governance arrangements and discussion with the manager following the inspection, confirmed that the manager's hours and capacity worked, were not sufficient in the effective management of the home. An area for improvement was identified.

A sample of audits carried out in the home were reviewed. While it was evident that audits were picking up on areas that required action, there was inconsistent evidence to show if deficits had been addressed. For example, care plan audits did not consistently evidence

follow up to ensure actions had been completed, and environmental audits did not result in clear action plans. An area for improvement was identified.

Records for complaints were reviewed and found to be poorly maintained. It was unclear from the records if the complainants were satisfied with the outcome or if there was any learning for the home. An area for improvement was identified.

Review of records evidenced that monthly monitoring reports in accordance with Regulation 29 were insufficiently robust and lacked the required detail to drive the necessary improvements to ensure compliance with regulations and standards. For example, previous months' actions that had not been addressed were not carried forward until such time as they were resolved. In addition, the monthly monitoring reports stated that there had been no complaints in 2024, but this was incorrect. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	7*	6*

* The total number of areas for improvement includes one that has been stated for a second time and three which are carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Joanne Farrell, Nurse in Charge, at the end of the inspection, and Ms Hannah McComb, Manager, following the inspection. 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) Stated: First time To be completed by: 31 October 2024	<p>The registered person shall ensure that insulin pens are labelled to denote ownership and to facilitate audit and disposal at expiry.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: Second time To be completed by: 31 March 2025	<p>The registered person shall risk assess the width of window openings in accordance with current safety guidance with subsequent appropriate action.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: All windows have been checked by contractor Kelly New Homes on 11/03/25 and have been adjusted to an opening width of no more than 10cm as per regulations.</p>
Area for improvement 3 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: 27 February 2025	<p>The registered person shall ensure that the practice of wedging open fire doors ceases and that all staff are made aware. Any fire doors that are required to be held open should be fitted with the appropriate door mechanism and linked to the fire alarm system.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Dorgard fire door retainer has been fitted to mentioned door on 02/04/25</p>
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 27 February 2025	<p>The registered person shall ensure that reasonable measures are taken to reduce the risks of hazards in the environment. This is with reference to appropriate securing of the lift maintenance room.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Door has been locked 28/02/25. staff are to check door is locked after outside contractors have been in.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 7 April 2025</p>	<p>The registered person shall undertake a review of the manager's working arrangements to ensure that adequate hours are protected to effectively carry out the management role and responsibilities.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: manager is allocated a minimum of 2 full days as protected office manager hours.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The registered person shall ensure that there is a robust system in place to manage any expression of dissatisfaction received about the home. Records of complaints should be well maintained.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: System for managing expression of dissatisfaction has been reviewed and ammended</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Improvements have been made to Reg 29 reports as discussed during inspection.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 18.9</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2024</p>	<p>The registered person shall ensure that care plans are in place where medication is prescribed for the management of distressed reactions, and that the reason and outcome are recorded for each administration.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 28.10</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2024</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management and administration of medicines including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The registered person shall ensure that there is a system in place to conduct monthly analysis on all falls that occur in the home. The system should help to identify patterns and trends, ensure appropriate actions have been taken, identify potential learning or additional risk reducing measures.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: System in place to audit falls within the home, identifying patterns, trends etc in order to address and action.</p>
<p>Area for improvement 4</p> <p>Ref: 44.1</p> <p>Stated: First time</p> <p>To be completed by: 27 February 2025</p>	<p>The registered person shall ensure that infection prevention and control guidance is adhered to. This is with specific reference to the cleaning of equipment such as shower chairs and the provision of waste disposal in all communal bathrooms / toilets.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Staff reminded to replace bins with nes liners when removing old ones. Two new shower chairs delivered 03/03/25 to replace old stained shower chairs. New shower trolley delivered 24/03/25</p>
<p>Area for improvement 5</p> <p>Ref: 44</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The registered person shall ensure that all areas of the home are well maintained. This is with specific reference to areas that have been identified with flaking paint and missing sink tap covers.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Painter has been arranged to carry out all painting as identified during inspection. Sink tap covers have been ordered.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2025</p>	<p>The registered person shall ensure that there is a robust audit system in place to monitor the care and services provided in the home. Audits should result in a clear action plan to ensure the necessary improvements are made.</p> <p>Action plans should include the deficit identified, what action is required to address the deficit, who is responsible, timeframe for expected completion, and date and sign off when actioned.</p> <p>There should be evidence of managerial review of audit action plans.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Audit systems in place to monitor care, but clearer system for action planning put in place.</p>
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