The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cairngrove

Provider: Cairnhill Home 'A' Ltd

Date of Inspection: 17 April 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: Cairngrove is a nursing home registered to provide nursing care for up to 23 patients with a learning disability under and over 65 years of age. 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 17 April 2025, from 10.10am to 2.40pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The inspection also reviewed the areas for improvement identified at the last medicines management inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. However, improvements were necessary in relation to insulin.

The areas for improvement in relation to medication audits, the management of medicines for distressed reactions and secure storage of thickeners identified at the last medicines management inspection were assessed as met. The area for improvement in relation to insulin was stated for a second time.

Whilst an area for improvement was stated for a second time, there was evidence that with the exception of a small number of medicines, patients were being administered their medicines as prescribed.

Areas for improvement identified at the last care inspection were carried forward for review at the next inspection. Details can be found in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

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 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, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise. One staff member said 'this is a lovely place to work'.

Staff advised that they were familiar with how each patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of pain, distressed reactions and insulin was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained. The manager was reminded that administration records must accurately reflect the staff member who administered the thickening agent.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

Improvements were noted in the labelling and storage of insulin, however one in use insulin pen device was not individually labelled with the patient's name. An area for improvement was stated for a second time.

Satisfactory arrangements were in place for the safe disposal of medicines.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been accurately completed. A small number of handwritten medicine administration records were missing the month and year, this was discussed with the manager for immediate corrective action and on-going monitoring. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs. One missed signature in the controlled drug reconciliation record was brought to the attention of the manager for investigation and on-going review.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed/ action plans had been implemented and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions/readmissions to the home. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the patient's medicines and this was shared with the GP and community pharmacist.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail the manager for on-going monitoring.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been stated for a second time where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	7*	4*

* the total number of areas for improvement includes 10 which were carried forward for review at the next inspection.

The area for improvement and details of the Quality Improvement Plan were discussed with Ms Hannah McComb, 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 Home Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 18 April 2025	The registered person shall ensure that insulin pens are labelled to denote ownership and to facilitate audit and disposal at expiry. Ref: 3.3.2
	Response by registered person detailing the actions taken: Staff nurses have been reminded to ensure that upon receipt of Insulin Pens from Pharmacy that labels have been delivered and attached to pens
Area for improvement 2 **Ref:** Regulation 27 (2) (t) **Stated:** Second time **To be completed by:** 31 March 2025	The registered person shall risk assess the width of window openings in accordance with current safety guidance with subsequent appropriate action.
	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.
Area for improvement 3 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 27 February 2025	The registered person shall ensure that the practice of wedging open fire doors ceases and that all staff are made aware. Any fire door that are required to be held open should be fitted with the appropriate door
	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. Ref: 2.0
Area for improvement 4 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 27 February 2025	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 life maintenance room.
	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. Ref: 2.0

Area for improvement 5 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 7 April 2025	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.
	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. Ref: 2.0
Area for improvement 6 **Ref:** Regulation 24 **Stated:** First time **To be completed by:** 31 March 2025	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.
	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. Ref: 2.0
Area for improvement 7 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 31 March 2025	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.
	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. Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 22.10 **Stated:** First time **To be completed by:** 31 March 2025	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.
	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. Ref: 2.0

Area for improvement 2 **Ref:** Standard 44.1 **Stated:** First time **To be completed by:** 27 February 2025	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. **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.** Ref: 2.0
Area for improvement 3 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 31 March 2025	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 pain and missing sink tap covers. **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.** Ref: 2.0
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 30 April 2025	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. Action plans should include the deficit identified, what action is required to address the deficit, who is responsible, time frame for expected completion, and the dare and sign off when actioned. There should be evidence of managerial review of audit action plans. **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.** Ref: 2.0

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