The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cairnhill

Provider: Cairnhill Home 'A' Ltd

Date of Inspection: 27 November and 4 December 2024

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 Carmel McVeigh

Service Profile:
This is a registered nursing home which provides care for up to 22 patients under and over 65 years of age with a learning disability. Patient accommodation is spread over the ground and first floors and there are a range of communal areas and patients have access to an enclosed courtyard.

2.0 Inspection summary

An unannounced inspection took place on 27 November 2024 from 10.50 am to 4.15 pm by a care inspector, and on 4 December 2024 from 10.00 am to 1.30 pm, by an estates 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 care inspection on 25 July 2023, 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.

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 two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been stated again. 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 patient's, 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 happy living in Cairnhill. Patients described staff as "nice", and "good", with one patient telling us "I love the girls."

Patients confirmed that staff were available when they needed assistance and said that the care was good. One patient said, "we are looked after brilliant."

Patients said that they were satisfied with the level of cleanliness in the home and said that they saw domestic staff cleaning daily.

Patients described the food as "alright" and "okay", and confirmed that they could ask for alternative meals if they did not like what was on the menu that day. One patient said "they make me anything I like."

Patients unable to voice their opinions looked comfortable in their surroundings and with staff.

A relative said that the care and services provided to their loved one was "all good."
No patient or relative questionnaire responses were received following the inspection.

A visiting professional said that while it was their first time visiting the home, they had no concerns in relation to the element of care that they were reviewing and said that the nurse was helpful and informative.

Staff told us that they were happy working in the home; that they enjoyed working with the patients and that they felt supported in their respective roles.

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. There was evidence of systems in place to manage staffing.

There was a system in place to monitor relevant staffs' registration with their professional bodies. There was evidence that nurses' registration with the Nursing and Midwifery Council (NMC) was checked by the manager and that all nurses' registrations were valid. It was unclear how often this was checked.

There was a system in place to monitor care staffs' registration with the Northern Ireland Social Care Council (NISCC). However, it was unclear if all staff working in the home had been added to this system. Following the inspection, the manager provided assurances that all staff were appropriately registered. NMC and NISCC monitoring will be reviewed at the next care inspection.

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

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. Staff were seen to respond to requests for assistance promptly and in a caring and compassionate manner.

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 patients' needs, their daily routine wishes and preferences. Observation confirmed that staff completed 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

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, staff were seen to engage patients in conversations about topics that they knew patients liked or had an interest in.

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.

At times some patients may require the use of equipment that could be considered restrictive such as bedrails, lap belts, or alarm mats. Review of a sample of care records evidenced that while risk assessments and care plans were completed in relation to this aspect of care, shortfalls were found in relation to managing risks associated with the use of bed rails. For example, when bedrails were assessed as being required, there was no evidence of safety checks being completed. Discussion with staff evidenced that there was no system in place. An area for improvement was identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff assisted patients with mobility, patient areas were free from clutter, and patients were encouraged to wear suitable footwear.

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.

Observation of the lunch time meal, review of records and discussion with patients and staff indicated that there were systems in place to manage patients' nutrition and mealtime experience.

The importance of engaging with patients was well understood by the manager and staff. Patients were observed to enjoy helping to make or display Christmas decorations. Patients confirmed that they could choose to participate in planned activities if they wished or could occupy themselves with their own activities such as reading or watching television.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. It was positive to note that there was information available for patients about advocacy services.

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.

There was an auditing system in place to monitor if care plans were up to date, complete, and accurate. While this system was effective in identifying issues that required action, there was no clear action plans in place to ensure that deficits were addressed in a timely manner. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean and warm. There was a welcoming atmosphere and staff and patients were enjoying the festivities of putting up Christmas decorations.

Patient bedrooms were personalised with items of interest and importance to the patient. There were homely touches such as framed photos of patients on some walls.

Some parts of the home were found to be poorly maintained and in need of repair. For example, some walls had damaged patches with exposed plaster, there was evidence of water damage on some walls, an area of laminate flooring was torn, and a door threshold seal was lifting. An area for improvement was identified.

Review of the home's quality improvement plan (QIP) and discussion with the management team confirmed that the manager did not have a refurbishment plan to ensure that the environment is maintained to an acceptable standard. A previously identified area for improvement was stated for a second time.

It was observed that there were inappropriate items stored in communal bathrooms and toilets. For example, a bathroom on the ground floor was used as a store room for supplies and patient equipment, and in a communal toilet we found individual patient prescribed items, razors, toothbrushes, and toiletries. A previously identified area for improvement was stated for a second time. Following the inspection, the manager provided assurances that immediate action would be taken to remove all inappropriate storage from communal rooms.

Examination of the environment evidenced that some surfaces were worn and/or damaged, and therefore could not be effectively cleaned. An area for improvement was identified.

A number of hazards were observed in the environment. For example, food thickening agent was not stored securely in the dining room, and the laundry and electrical rooms were not properly secured. An area for improvement was identified.

Details including photographic evidence of environmental issues was shared with the nurse in charge during feedback, and the home's management team after the inspection by email.

There was a system in place for auditing the home's environment and infection control arrangements. It was noted that the audits did identify areas of the home that required action, however, it was not always clear which bedrooms were included in the audits and the action plans were not sufficiently robust as to drive the necessary improvements. An area for improvement was identified.

3.3.5 Estates Findings

Building engineering services documents examined during the inspection, and submitted by e-mail indicated that maintenance works were completed by a range of engineering contractors. Building user control tests/inspections were recorded by the manager in maintenance log books.

A number of corridor fire doors were not correctly aligned with the door frames resulting in excessive gaps between door and frame, this would not prevent the passage of `cold smoke` in the event of a fire incident. A joiner was on site completing repair works to the doors at the time of our inspection.

The fire risk assessment document presented for examination was dated 11 October 2023, we were informed a review of the fire risk assessment (FRA) is arranged for completion on 5 December 2024. Any recommendations made as a result of the review of the fire risk assessment arranged for December 2024 are implemented and that any completed recommendations are validated as complete on the FRA action plan. A copy of the December 2024 fire risk assessment document must be submitted to RQIA once received by the registered person. An area for improvement was identified.

The 11 October 2024 FRA action plan recommendations were confirmed/validated as completed.

The first floor final exit doorway external means of escape path surface is not level, uniform & clean.

The legionella risk assessment was not available for examination although legionella prevention control actions were completed and recorded by the registered person/manager.
We were informed that a legionella risk assessment review was arranged for completion on 18 February 2025. Any recommendations made as a result of the review of the legionella risk assessment arranged for February 2025 must be implemented; any completed recommendations are validated as complete on the legionella risk assessment action plan. A copy of the February 2025 legionella risk assessment document must be forwarded to RQIA upon receipt by the registered person. An area for improvement was identified.

3.3.6 Quality of Management Systems

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 commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff said that they felt listened to by the manager.

Review of a sample of records evidenced that the manager had systems in place to monitor the quality of care and services provided in the home. As stated in sections 3.3.3 and 3.3.4, some auditing systems required improving to ensure that the necessary improvements were achieved.

There was a system in place to manage complaints. The complaints records were found to be incomplete and an area for improvement was identified.

Patients said that they knew how to report any concerns and said they were confident that the manager would address their concerns.

The home was visited each month by a representative on behalf of the registered provider and records were maintained. Review of a sample of these records indicated that a cursory review of the home and the environment was completed during these visits, however, the resulting reports were insufficiently robust and did not drive the necessary improvements. For example, the issues identified by RQIA during the inspection were not picked up during these visits, and the reports did not result in clear action plans. 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	9*	3*

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Carmel McVeigh, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (1) (d) **Stated:** Second time **To be completed by:** 8 January 2025	The registered person shall submit a time bound action plan detailing how the deficits in the environment will be addressed. Ref: 2.0 and 3.3.4.
	Response by registered person detailing the actions taken: New form devised a copy of same has been forwarded to inspector.
Area for improvement 2 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 27 November 2024	The registered person shall implement a system to monitor the safe use of bedrails. Records should be maintained and evidence any checks made by staff. Ref: 3.3.2
	Response by registered person detailing the actions taken: New monitoring form devised a copy has been forwarded to inspector.

Area for improvement 3 **Ref:** Regulation 17 (1) **Stated:** First time **To be completed by:** 25 December 2024	The registered person shall ensure that deficits identified during the process of auditing care records are addressed through an action plan clearly stating the actions required, who is responsible, and expected timeframe for completion. There should be evidence that action plans have been reviewed and signed off once the required actions have been taken. Ref: 3.3.3
	Response by registered person detailing the actions taken: New auditing form has beeen devised and a copy of same has been forwarded to inspector.
Area for improvement 4 **Ref:** Regulation 27 (2) (b) **Stated:** First time **To be completed by:** 29 January 2025	The registered person shall ensure that action is taken to repair the environmental deficits identified during the inspection. Ref: 3.3.4 and 3.3.5
	Response by registered person detailing the actions taken: Communal bathroom has been cleared. Guttering has been cleaned. Repairs are being completed in timely manner.
Area for improvement 5 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 31 December 2024	The registered person shall ensure that all furnishings and fittings with breached surfaces are made good through repair or replacement. This is to ensure that surfaces can be effectively decontaminated in line with infection prevention and control guidance. Ref: 3.3.4
	Response by registered person detailing the actions taken: Furniture identified as being in poor repair have been replaced.
Area for improvement 6 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 27 November 2024	The registered person shall ensure that all areas of the home accessible by patients are free from hazards, as far as reasonably possible. Ref: 3.3.4
	Response by registered person detailing the actions taken: Home environment is checked on daily basis by all staff to ensure home is kept hazard free.

Area for improvement 7 **Ref:** Regulation 27 (4) (a) **Stated:** First time **To be completed by:** 29 January 2025	The registered person shall ensure that any recommendations made as a result of the review of the fire risk assessment arranged for December 2024 are implemented and that any completed recommendations are validated as complete on the FRA action plan. A copy of the December 2024 fire risk assessment document must be submitted to RQIA once received by the registered person. Ref: 3.3.5
	Response by registered person detailing the actions taken: All actions have been completed and have been signed off
Area for improvement 8 **Ref:** Regulation 27 (2) (q) **Stated:** First time **To be completed by:** 31 March 2025	The registered person shall ensure that any recommendations made as a result of the review of the legionella risk assessment arranged for February 2025 are implemented and validated as complete on the legionella risk assessment action plan. A copy of the February 2025 legionella risk assessment document must be forwarded to RQIA upon receipt by the registered person. Ref: 3.3.5
	Response by registered person detailing the actions taken: Any recommendations shall be completed and copy of report shall be sent to inspector.
Area for improvement 9 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 31 December 2024	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. Ref: 3.3.6
	Response by registered person detailing the actions taken: The registered person shall ensure that monthly visists incorporate the review of new time bound action plans and auditing forms of same.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 44.3 **Stated:** Second time **To be completed by:** 28 November 2024	The registered person shall review and make good areas of inappropriate storage in the home, such as bathrooms and corridors. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Bathrooms and corridors that have inappropriate storage have all been cleared.
Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 31 December 2024	The registered person shall ensure that deficits identified during environmental IPC audits, are addressed through an action plan clearly stating the actions required, who is responsible, and expected timeframe for completion. There should be evidence that action plans have been reviewed and signed off once the required actions have been taken. Ref: 3.3.4
	Response by registered person detailing the actions taken: The new environmental form will identify the action required and allows for these actions to be reviewed as completed. .
Area for improvement 3 **Ref:** Standard 16.11 **Stated:** First time **To be completed by:** 11 December 2024	The registered person shall ensure that records pertaining to complaints are kept up to date. Ref: 3.3.6
	Response by registered person detailing the actions taken: Complaints form has been reviewed to ensure that complaints are kept up to date.

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

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