



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Cairnhill
Provider: Cairnhill Home 'A' Ltd
Date of Inspection: 25 September 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 Carmel McVeigh
Service Profile: Cairnhill is a nursing home registered to provide care for up to 22 patients living 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 25 September 2025, from 10.00am to 2.00pm. 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 areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. 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 the storage of medicines, management of controlled drugs, administration records for thickening agents and the management of distressed reactions.

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, patients were being administered their medicines as prescribed.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, can be found in the main body of this report and 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.

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.

No completed questionnaires or responses to the staff survey were received 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.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

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, epilepsy and specialist medicines 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.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Directions for use were clearly recorded on the personal medication record and patient-centred care plans were in place. Staff knew how to recognise a change in a patient's behaviour. Records of administration were maintained, however the reason for and outcome of each administration was not recorded. An area for improvement was identified.

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 included the recommended consistency level were maintained. Records of administration for nurses and care staff did not include the consistency level. Where a varying consistency level is prescribed accurate records of the actual consistency level administered should be recorded. An area for improvement was identified.

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, however storage cupboards were observed to be open and two cupboards needed the locks replaced. An area for improvement was identified.

The medication storage area 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.

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. Records were found to have been accurately completed. 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 painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. A number of pages in one of the controlled drug record books were falling out. This was discussed with the manager who advised that a new controlled drug record book had been obtained and that balances will be transferred to the new book. There were three balances which had not been brought to zero when medication had been disposed of and the disposal had not been recorded in the controlled drug record book. It was confirmed during the inspection that these controlled drugs had not been denatured prior to disposal. An area for improvement was identified.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plan.

A care plan was not in place at the time of the inspection but confirmation was provided the following day that a care plan had been put in place immediately. Staff and management confirmed that the prescribers had provided written authorisation.

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. 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.

No medicine related incidents had been reported to RQIA since the last medicines management inspection. Management and staff were familiar with the type of incidents that should be reported. The inspector signposted staff to the RQIA provider guidance in relation to the statutory notification of medication related incidents available on the RQIA website.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. An audit discrepancy was observed in the administration of one medicine. This was discussed in detail with the nurse on duty and 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

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	8*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with nurse in charge, 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: First time To be completed by: 25 September 2025	The registered person shall ensure that records of administration of thickening agents are accurately maintained and include the recommended consistency level. Ref: 3.3.1 Response by registered person detailing the actions taken: Staff have been updated on proper recording methods, and recommended consistency levels are in place on all M.A.R.S. sheets.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 25 September 2025	The registered person shall ensure that there is appropriate locked storage for medications and these are kept locked at all times. Ref: 3.3.2 Response by registered person detailing the actions taken: Joiner has been contracted regarding replacing locks on cupboards in clinical room.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2025</p>	<p>The registered person shall review the management of controlled drugs to ensure that controlled drugs are denatured prior to disposal and the controlled drug record book is accurately maintained.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The denatured kit is now in place in Cairnhill. Staff nurses have been updated on procedure in management of controlled drugs and disposal of same.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (q)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>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.</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> <p>Ref: 2.0</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 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>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> <p>Ref: 2.0</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (6)</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2025</p>	<p>The registered person shall ensure that an up to date register is in place in respect of patients subject to Deprivation of Liberty Safeguards (DoLS)</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> <p>Ref: 2.0</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 3 (3)</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2025</p>	<p>The registered person shall ensure that all areas of the home are used for their registered purpose. This is with specific reference to communal bathrooms / toilets.</p> <hr/> <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> <p>Ref: 2.0</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2025</p>	<p>The registered person shall, as far as reasonably possible, ensure that patient areas are free from hazards. This is with specific reference to the patient courtyard.</p> <hr/> <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> <p>Ref: 2.0</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</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2025</p>	<p>The registered person shall review the management of medicines prescribed 'when required' for distressed reactions to ensure that the reason for and outcome of each administration is recorded.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been updated on importance of documenting reason for administering PRN medications and the outcome of same. All staff nurses have completed medicine training.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: 11 December 2024</p>	<p>The registered person shall ensure that records pertaining to complaints are kept up to date.</p> <hr/> <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>Ref: 2.0</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2025</p>	<p>The registered person shall ensure that Malnutrition Universal Screening Tool (MUST) assessment are completed at least monthly for all patients.</p> <hr/> <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>Ref: 2.0</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2025</p>	<p>The registered person shall ensure that clean linen is stored appropriately to reduce the risk of infection.</p> <hr/> <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>Ref: 2.0</p>
<p>Area for improvement 5</p> <p>Ref: Standard 43.11</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2025</p>	<p>The registered person shall ensure that patients' courtyard is accessible and inviting in all seasons.</p> <hr/> <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>Ref: 2.0</p>

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