

# Inspection Report

**Name of Service:** Cairnhill  
**Provider:** Cairnhill Home 'A' Ltd  
**Date of Inspection:** 18 August 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Cairnhill Home 'A' Ltd
<b>Responsible Individual:</b>	Mr Charles Anthony Digney
<b>Registered Manager:</b>	Ms Carmel McVeigh
<b>Service Profile:</b> 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 including an enclosed courtyard.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 August 2025, from 9.10 am to 3.00 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 care inspection on 27 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective, and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff knew the patients well.

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 detail on patients' views.

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 nine 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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. Patients described staff as "good" and "alright", and told us that they were "looked after."

Patients said that they get the assistance that they need. Patients said that the food was nice and that they enjoyed the meals.

No questionnaire responses were received following the inspection.

Staff told us that they were happy working in the home; "I love it", "there are no issues here", and "all is good."

Staff said that they were happy with the staffing arrangements and that there was good teamwork. Staff said that they received a good induction to their roles and that they were provided with training to help them deliver effective and safe care. Staff said that they had sufficient supplies.

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

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

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. For example, some patients were seen to move freely around the internal communal areas of the home, or staff were observed to offer patients choice in relation to what they had for breakfast.

#### **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.

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 patients choice in how and where they spent their day or how they wanted to engage socially with others.

Some patients may require care measures that could be considered restrictive. For example, some patients may be restricted from leaving the care home unaccompanied, or may not be able to consent to their care arrangements in the home. Deprivation of Liberty Safeguards (DoLS) are used to stipulate the parameters of these restrictions while protecting the rights of the patient. Review of these arrangements evidenced that the home did not hold a register for those patients subject to a DoLS. 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, specialist equipment such as bed rails were used. Examination of care records confirmed that the risk of falling and falls were well managed.

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 breakfast and lunchtime meal, review of records and discussion with patients, staff and the manager 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. Staff were observed to engage in conversation with patients about life in the home or topics of interest to the patient.

A programme of organised activities and social events was in place. However, the activities coordinator was on leave at the time of the inspection. Patients were seen to occupy their time with their own interests such as listening to music or watching television. The provision of activities will be reviewed again at the next inspection.

### 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.

A sample of care records were reviewed. A number of patients' Malnutrition Universal Screening Tool (MUST) assessments were overdue by several months. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and free from malodour. Patients' bedrooms were tidy and personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Some areas of the home required repair or redecorating. For example, paint chipping off walls in some parts, or damaged flooring. This was discussed with the manager who evidenced that a refurbishment plan was in place. Progress with the refurbishment plan will be reviewed at the next inspection.

The laundry rooms, main kitchen, and electrical rooms were secured.

A linen store was found to have clean linen stored on the floor. An area for improvement was identified.

Two communal bathrooms / toilets were found to have inappropriate storage, such as activity equipment or disused furniture and walking aids. An area for improvement was identified.

The patient courtyard was not easily accessible as the door was blocked by moving and handling equipment. The courtyard was lacking in accessible seating and decorative features such as plants or flowers. In addition, hazards were identified; two concrete blocks were on the ground and an extraction hose from the laundry was expelling dryer lint into the courtyard. Two areas for improvement were identified.

Photographs of the environment taken during the inspection were shared with the manager.

Fire safety measures were in place. The most recent fire risk assessment had taken place on 5 December 2024 and any recommendations made by the assessor were signed off as actioned. Staff were provided with fire safety training and there was a system in place to ensure all staff participated in fire drill practices.

A legionella risk assessment had been undertaken in the home the week prior to the inspection. The report from this assessment was not yet available. It was agreed that an RQIA estates inspector would liaise with the home once the report was available. A previously identified area for improvement was carried forward for review at a future inspection.

**3.3.5 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.

Patients and staff commented positively about the manager. Patients knew the manager by name and staff said that the manager was approachable.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was a system in place to monitor complaints, however no complaints had been logged since the last inspection. An area for improvement was carried forward for review at a future inspection.

The home was visited each month by a representative on behalf of the registered provider to complete a monthly monitoring report. A selection of these reports were reviewed and found to be lacking in detail and robust action plans to drive the necessary improvements. A previously identified area for improvement was stated for a second time.

**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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	5*	4*

\*The total number of areas for improvement includes one regulation that has been stated for a second time, one regulation, and one standard that have been carried forward for review at the next inspection.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (q) <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2025	<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>Ref: 2.0</p> <p><b>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.</b></p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> Second time <b>To be completed by:</b> 30 September 2025	<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: 2.0 and 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person shall ensure that the template format which we have been using will be discontinued and the example on the RQIA website will be used going forward to ensure visits are robust and clear.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14 (6) <b>Stated:</b> First time <b>To be completed by:</b> 29 August 2025	<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>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A register for DOLs has been put in place</p>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 3 (3) <b>Stated:</b> First time	<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> <p>Ref: 3.3.4</p>

<b>To be completed by:</b> 18 August 2025	<b>Response by registered person detailing the actions taken:</b> ,Bathrooms/Toilets identified during inspection have been cleared and will only be used for registered purpose.
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 14 (2) (c)  <b>Stated:</b> First time	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.  Ref: 3.3.4
<b>To be completed by:</b> 18 August 2025	<b>Response by registered person detailing the actions taken:</b> Courtyard has been cleared of all hazards
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 16.11  <b>Stated:</b> First time  <b>To be completed by:</b> 11 December 2024	The registered person shall ensure that records pertaining to complaints are kept up to date.  Ref: 2.0 and 3.3.5  <b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> 15 September 2025	The registered person shall ensure that Malnutrition Universal Screening Tool (MUST) assessments are completed at least monthly for all patients.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> The MUST assessment identified at inspection has been updated.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 18 August 2025	The registered person shall ensure that clean linen is stored appropriately to reduce the risk of infection.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Clean linen store has reorganised to ensure proper storage to reduce risk of infection

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 43.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 September 2025</p>	<p>The registered person shall ensure that the patients' courtyard is accessible and inviting in all seasons.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Courtyard has been cleared and furniture situated to be accessible and inviting in all seasons. Power washing of courtyard has been scheduled for week beginning 22<sup>nd</sup> September.</p>

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



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