The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cairngrove

Provider: Cairnhill Home 'A' Ltd

Date of Inspection: 2 December 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: 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 2 December 2025 from 10 am to 2 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 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that, 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 were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection eight 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 happy living in Cairngrove and that they were well looked after.

Patients told us that they are free to spend their day as they wished. For example, one patient told us that they like to have a lie on in bed after breakfast.

No relatives were in the home at the time of the inspection. No questionnaires were returned following the inspection.

Staff spoken with said that they were happy working in the home and told us that they felt supported in their roles.

RQIA did not receive any staff survey responses 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.

A sample of staff recruitment files were reviewed. While the required pre-employment checks had been carried out, it was identified that further scrutiny was required in relation to one employee's employment history. This was discussed with a member of the management team who provided confirmation following the inspection that further enquiries had been made and that they were satisfied with the outcome. The importance of pre-employment checks was highlighted to the manager in writing following the inspection. This was with particular reference to candidates who have previously worked in a care home but did not provide that employer as a referee.

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.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met patients' needs.

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.

Staff demonstrated that patient comfort and wellbeing was paramount to their day. For example, staff told us that daily activities revolved around what patients wanted to do that day. Staff were seen to be polite and reassuring in their interactions with patients. Patients were seen to respond with warmth during interactions with staff and were comfortable in the company of staff.

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 or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Some patients require special attention to their skin care. Review of repositioning records evidenced that these patients were assisted by staff to change their position regularly. However, review of a sample of care records evidenced that patients who were at increased risk

of skin damage did not have pressure prevention care plans in place. An area for improvement was identified.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. The manager had a system in place to analyse falls that occurred in the home for trends and patterns on a monthly basis.

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. Staff confirmed that they conducted a safety pause prior to the serving of meals to ensure good communication across the team about changes in patients' needs.

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

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. A number of patients, who had been out of the home at a Christmas party during lunchtime, were provided with their meals when they returned to the home.

The importance of engaging with patients was well understood by the manager and staff. Throughout the inspection, staff were seen to support patients with individual hobbies and interests. For example, doing puzzles, arts and crafts, or chatting about topics of interest to the patient. Discussion with patients confirmed that they had choices in relation to how they spent their time, with some patients telling us that they occupy themselves with their own hobbies.

Some patients attended Christmas celebrations outside of the home.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Activities for patients were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated in the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. As discussed in section 3.3.2 of this report, some shortfalls were identified in relation to pressure prevention care plans. This was discussed with the nurse in charge of the home at the time of the inspection.

Patients care records were held confidentially.

Care records were person centred, 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

The home was clean, tidy and well maintained. Improvements had been noted in the environment, with some areas having been painted since the last inspection.

Communal areas were suitably furnished and communal toilets and bathrooms were clean and accessible.

Patients' bedrooms were found to be clean, tidy, and personalised with items of importance or interest to patients.

There were homely touches throughout the home such as Christmas decorations, arts and crafts made by patients, and photographs of patients, staff, and visitors enjoying activities and celebrations.

Since the last care inspection, RQIA had been informed that a previously identified area for improvement relating to window restrictors had been addressed by the provider. The records relating to this were not available during the inspection and were not provided to RQIA following written request after the inspection. In addition, an accessible skylight was found not to be appropriately restricted. This was brought to the attention of the nurse in charge. The area for improvement was stated for a third time.

The most recent fire risk assessment had been carried out on 6 December 2024 and any recommendations made had been actioned. Fire exits were clear from obstruction. However, a fire door was found to be wedged open. A previously identified area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There had been changes in the management of the home since the last inspection. Ms Carmel McVeigh has been acting manager in the home since 6 October 2025. Carmel is an experienced home manager.

Staff and patients were aware of the management arrangements. Staff confirmed that the manager was approachable and contactable when not in the home.

Review of a sample of records evidenced that systems for reviewing the quality of care, other services and staff practices were in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

The home was visited each month by a representative of behalf of the provider to monitor the quality of care and services and to consult with patients, relatives and staff. Written reports were available for review and it was noted that these reports were detailed and resulted in action plans to help further drive improvements in the home.

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	3*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Nikki Roach, Nurse in Charge, at the time of the inspection, and a written summary was provided to Ms Carmel McVeigh, 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:** 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: 2.0
	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 2 **Ref:** Regulation 27 (2) (t) **Stated:** Third time **To be completed by:** 2 December 2025	The registered person shall risk assess the width of window openings in accordance with current safety guidance with subsequent appropriate action. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Contractor was brought into Cairngrove on 6th August 2025 and he checked all window openings and adjusted as necessary to meet current safety guidance. I have emailed invoice for same. Contractor has been organised to tend to window restrictor identified during inspection.

Area for improvement 3 **Ref:** Regulation 27 (4) (d) (i) **Stated:** Second time	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. Ref: 2.0 and 3.3.4
To be completed by: 2 December 2025	**Response by registered person detailing the actions taken**: Door wedges have been removed and staff made aware no doors are to be wedged open.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 23.2 **Stated:** First time	The registered person shall ensure that patients who have been assessed as being at risk of skin damage have an individualised pressure prevention care plan in place. Ref: 3.3.2
To be completed by: 30 December 2025	**Response by registered person detailing the actions taken:** Individual pressure prevention care plans are now in place for residents who have been assessed as being at risk of skin damage.

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

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