The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cairnhill

Provider: Cairnhill Home ‘A’ Ltd

Date of Inspection: 3 March 2026

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/Responsible Person:	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 including an enclosed courtyard.	

2.0 Inspection summary

An unannounced follow up inspection took place on 3 March 2026, from 10.30 am to 3.30 pm by two care inspectors.

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, six areas for improvement were assessed as having been addressed by the provider. Other areas 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 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 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 told us that they were content with the care and services provided within the home. Patients told us that their experience living in the home was 'good', the staff were 'nice' and the food was also reported to be 'good'.

Patients reported that the staff were attentive and responsive to their needs.

Staff said that they were happy working in the home and that they found the management supportive. They told us that they were satisfied with the staffing levels and had time to spend with the patients and were not rushed to deliver care.

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 team work and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff were available and prompt to respond to the patients' needs. It was also noted that the activities coordinator was engaging patients in activities that were meaningful to them.

3.3.2 Quality of Life and Care Delivery

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.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events. . Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they chose to spend their day including how they wanted to engage socially with others. There is a schedule of activities in place however, this was only displayed in the activities room. The placement of the planner was discussed with the manager and an area for improvement was identified.

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. For example, some patients may be restricted from leaving the home unaccompanied. Deprivation of Liberty Safeguards (DoLS) are used to stipulate the parameters of these restrictions whilst protecting the right of the patient. Since the last inspection a process for monitoring and reviewing changes for those patients subjected to a DoLS has been implemented.

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) assessment, reviews, had not been regularly updated. An area for improvement has been stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and fresh smelling throughout. Patients bedrooms were homely and personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable.

It was observed that a tub of prescribed thickening agent was stored in the patient's activities room. Furthermore, prescribed thickening agents and prescribed nutritional supplement drinks were stored in an unlocked cupboard in the dining room that could be a potential risk to patients health and well being. This was discussed with the manager and an area for improvement has been identified.

Some areas of the home required redecoration. For example, paint work in various areas such as the bathroom. This was discussed with the manager who reported that this was part of the rolling refurbishment plan, which will be submitted to the RQIA, it is noted that some progress has been made on this since the last inspection.

The laundry rooms, kitchen and doors to electrical equipment or stores were all locked.

Some staff were observed to not to be adhering to infection and prevention and control best practice, as they were not compliant with 'bare below the elbows' guidance and wearing wrist watches during delivery of care. An area for improvement has been made.

Appropriate waste bins were not consistently available in all areas. In addition, bathroom pull cords were not consistently covered to allow for adequate cleaning.

There was also a lack of disposable paper towels at 'point-of-care' in patients' rooms, limiting the ability for staff to adhere to best practice in hand hygiene.

Furthermore, a shared bath/ shower room was observed not to be cleaned effectively after use. An area for improvement for environmental infection, prevention and control has been made.

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 is a system for managing complaints, which has been improved since last inspection.

There is a record of compliments maintained, which showed evidence of relatives and family members thanking staff for caring for their family member in a caring and compassionate way.

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 since last inspection show they were thoughtfully completed with sufficient detail.

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*	5*

* the total number of areas for improvement includes one that has been stated for a second time and three under the Regulations and one under the Standards and which are 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.

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:** 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: 2.0 **Action required to ensure compliance with this regulation was not reviewed and is carried forward to the next inspection**
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:2.0 **Action required to ensure compliance with this regulation was not reviewed and is carried forward to the next inspection**
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 25 September 2025	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. Ref:2.0 **Action required to ensure compliance with this regulation was not reviewed and is carried forward to the next inspection**

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** **25** September 2025	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 Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed and is carried forward to the next inspection
Area for improvement 2 **Ref:** Standard 12.4 **Stated:** Second time **To be completed by:** 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
	Response by registered person detailing the actions taken: All staff nurses have been reminded of monthly completion of MUST
Area for improvement 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 3 March 2026	The Registered Person shall ensure medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines, this is stated in reference but not limited to thickening agents and prescribed supplements. Ref: 3.3.4
	Response by registered person detailing the actions taken: All px medicines/thickening agents and supplements are stored correctly
Area for improvement 4 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 3 March 2026	The registered person shall ensure that the wearing of jewellery such as wrist watches ceases with immediate effect in accordance with best practice guidance and infection and prevention control measures and adequate facilities are in place to ensure effective hand hygiene. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff have been reminded of infection control policy and handwashing procedures.

Area for improvement 5 **Ref:** Standard 45 **Stated:** First time	The Registered Person shall ensure equipment, namely pull cords in bathrooms and patients' rooms should be of wipe clean material to ensure effective cleaning Ref: 3.3.4
To be completed by: 3 March 2026	**Response by registered person detailing the actions taken:** Pull cords have been removed

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