



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Cairngrove**

**06 January 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 6 January 2016 from 10.15 to 16.00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 25 February 2015

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the nurse in charge, Carmel McVeigh as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Charles Anthony Digney	<b>Registered Manager:</b> Lisa Mary Austin
<b>Person in Charge of the Home at the Time of Inspection:</b> Nurse in charge, Carmel McVeigh	<b>Date Manager Registered:</b> 01 April 2005
<b>Categories of Care:</b> NH-LD, NH-LD(E)	<b>Number of Registered Places:</b> 23

<b>Number of Patients Accommodated on Day of Inspection:</b> 23	<b>Weekly Tariff at Time of Inspection:</b> £593 to £1063
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### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

#### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection;
- the registration status of the home;
- written and verbal communication received since the previous care inspection;
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year; and
- the previous care inspection report.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with ten patients, three care staff, one registered nurse and one patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements in the home;
- three patient care records;
- staff training records;
- policies for communication and end of life care; and
- policies for dying and death and palliative and end of life care.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the Cairngrove was an unannounced finance inspection dated 30 March 2015. The completed QIP was returned and approved by the finance inspector.

## 5.2 Review of Requirements and Recommendations from the last care Inspection 25 February 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref: Regulation 29, (2), (3), (4) (c), 5 (a).</b></p> <p><b>Stated: First time</b></p>	<p>The registered person must ensure that regulation 29 visits are completed at least monthly and records of visits are maintained in the nursing home and available for inspection at all times.</p> <p>The action plan from the previous visit should be reviewed during each visit and all areas commented on.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the previous three months regulation 29 monitoring visits were reviewed. They were completed and available for inspection.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref: Regulation 18 (2) (a).</b></p> <p><b>Stated: First time</b></p>	<p>The registered person must undertake a review of the call system incorporating how patients summon assistance in the event of an emergency in consultation with staff, commissioners of care, patients and representatives.</p> <p>RQIA should also be informed of the review outcome.</p> <p><b>Action taken as confirmed during the inspection:</b> RQIA can confirm that a review of the nurse call system has been conducted and the outcome of the review was forwarded to RQIA. Following discussion with the registered provider it was confirmed that this is continually reviewed in keeping with patients need and consultation with patient representatives.</p> <p>A further recommendation is made following this inspection that this continually reviewed as the needs of the patients change and in consultation with patients' representatives. Records should be retained for inspection of the review and confirmation should be returned in the Quality Improvement Plan (QIP) that the nurse call system is fully operational should it be required to be switched on at any time.</p>	<b>Met</b>

Last Care Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref: Standard 11.1</b></p> <p><b>Stated: Second time</b></p>	<p>It is recommended that all patients have a baseline pain assessment completed and an on-going pain assessment where indicated.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that a pain assessment is conducted on admission and regularly maintained appropriately in keeping with the needs of patients.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref: Standard 5.3</b></p> <p><b>Stated: Second time</b></p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• a daily repositioning chart should be in place for any patient identified as requiring repositioning due to risk of pressure damage;</li> <li>• repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that daily repositioning charts are in place for any patient identified as requiring repositioning due to risk of pressure damage.</p> <p>There was documentary evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref: Standard 19.1</b></p> <p><b>Stated: First time</b></p>	<p>The registered manager should ensure that a baseline bowel assessment is completed for all patients on admission, and bowel type referencing the Bristol stool chart is consistently recorded in individual bowel assessments and care plans.</p> <p>To enable consistent monitoring of bowel function the information should also be recorded in patient's individual daily progress records.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of patients care records evidenced that the Bristol Stool Chart is now used to as a baseline bowel assessment on patients' admission.</p>	<b>Met</b>

	The record includes the bowel type in accordance with the Bristol Stool Chart.	
<b>Recommendation 4</b> <b>Ref: Standard 26.6</b> <b>Stated: First time</b>	<p>The following policies and procedures are reviewed and updated as required and ratified by the responsible individual:</p> <ul style="list-style-type: none"> <li>• continence care including bowel care;</li> <li>• develop policies and procedures in respect of stoma care; and</li> <li>• review the policy in respect of catheter care.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> A review of the policies and procedures evidenced that the above policies and procedures were now in place.</p>	<b>Met</b>
<b>Recommendation 5</b> <b>Ref: Standard 19.2</b> <b>Stated: First time</b>	<p>A resource file containing the following guideline documents is developed for staff and available for reference:</p> <ul style="list-style-type: none"> <li>• RCN continence care guidelines</li> <li>• British Geriatrics Society Continence</li> <li>• Care in Residential and Nursing Homes</li> <li>• NICE guidelines on the management of urinary incontinence</li> <li>• NICE guidelines on the management of faecal incontinence.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> A review of guidelines available in the home included all of the above guidelines.</p>	<b>Met</b>
<b>Recommendation 6</b> <b>Ref: Standard 19.4</b> <b>Stated: First time</b>	<p>The registered manager should review the training needs of each registered nurse working in the home to determine if updates in catheter training are required.</p> <p><b>Action taken as confirmed during the inspection:</b> All registered nursing staff requiring an update in catheter care have had their training reviewed and where relevant updated.</p>	<b>Met</b>

<p><b>Recommendation 7</b></p> <p><b>Ref: Standard 19.4</b></p> <p><b>Stated: First time</b></p>	<p>The registered provider should ensure that regular audits of continence care are undertaken and the findings acted upon to enhance standards of care for patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the audits undertaken evidenced that the registered manager conducts an audit of continence care.</p>	<p><b>Met</b></p>
<p><b>Recommendation 8</b></p> <p><b>Ref: Standard 17.1, 17.6</b></p> <p><b>Stated: First time</b></p>	<p>The registered provider should ensure that a system is developed to determine if complainants are satisfied with the complaint outcome, and the information is recorded in complaints records.</p> <p>Complainants should also be advised who to contact should they remain dissatisfied.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the complaints record did not evidence the level of satisfaction or the outcome. However, there have been no recorded complaints in the home since this recommendation was made. The nurse in charge was aware that the level of satisfaction and outcome of any complaint should be recorded.</p>	<p><b>Met</b></p>
<p><b>Recommendation 9</b></p> <p><b>Ref: Standard 32.1, 32.8</b></p> <p><b>Stated: First time</b></p>	<p>The registered provider should undertake an audit of the premises and implement an action plan which includes a timeline to address identified deficits.</p> <p>A copy of the action plan should be submitted to RQIA when returning the Quality Improvement Plan.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> RQIA can confirm that an audit was undertaken and forwarded to RQIA following the previous inspection. There were no areas identified for improvement following this inspection. However it was advised that the action plan submitted should be completed within the set timescales and the audits were completed at least annually.</p>	<p><b>Met</b></p>

<p><b>Recommendation 10</b></p> <p><b>Ref: Standard 5.3</b></p> <p><b>Stated: First time</b></p>	<p>The registered provider should ensure there is a managed environment which minimises infection control risks to patients and staff at all times.</p> <ul style="list-style-type: none"> <li>pull cords in individual toilets, communal bathrooms and shower rooms should be fully covered with wipeable covering to ensure they can be effectively cleaned; and</li> <li>urinals and raised toilet seats should be appropriately stored on a suitable rack with a drip tray.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> A review of the home environment identified no areas in relation to infection control.</p>		

## 5.2 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

A policy was available on communicating effectively which reflected current best practice, including regional guidelines on 'Breaking Bad News'. Discussion with nursing staff confirmed that they were knowledgeable regarding this policy and procedure.

Discussion with the registered nurse and care staff confirmed that that they were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication.

There is no palliative link care nurse appointed in the home. It is recommended that a palliative link nurse is appointed and formal training should be provided for staff. This training should include training in communication and the breaking of bad news.

### Is Care Effective? (Quality of Management)

The registered nurse demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Care staff considered the breaking of bad news to be, primarily, the responsibility of the registered nursing staff but felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They felt strongly that their role was to empathise and support family members during this period.



The policy on death and dying stated that end of life and after death arrangements are discussed with the patient and their relatives and documented in their care plan. Two care records were reviewed and they reflected patient individual needs and wishes regarding the end of life care. Records included reference to the patients' specific communication needs. A review of both records evidenced that the wishes and feelings were discussed with the patients and/or their representatives, options and treatment plans were discussed. There was also evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

### **Is Care Compassionate? (Quality of Care)**

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

We consulted with one visiting relative who confirmed that staff treated patients with respect and dignity and were always welcoming to visitors. Comments can be viewed in section 5.4.1 of this report

There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care.

### **Areas for Improvement**

One recommendation is made in relation to this standard to ensure that a palliative link nurse should be appointed and formal training should be provided for staff. This training should include training in communication and the breaking of bad news.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### **Is Care Safe? (Quality of Life)**

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. Registered nursing staff consulted with were aware of and able to demonstrate knowledge of the GAIN guidelines.

The policies reviewed included guidance on the management of the deceased person's belongings and personal effects. The policy reviewed also included the management of patients who died suddenly.

As previously stated there are no palliative care link nurses with formal training appointed in the care home. A recommendation has been made in this regard.

Discussion with the registered nurse confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and that they were proactive in identifying when a patient's condition was deteriorating and that appropriate actions had been taken.

There was a formal protocol for timely access to any specialist equipment or drugs. Discussion with the registered nurse confirmed that they were knowledgeable regarding the procedure to follow if required. The registered nurse described how they would order medicines for symptom relief, in anticipation of need. Discussion with the registered nurse also confirmed that they had a good awareness of the procedure to follow, in the event of a patient suddenly becoming unwell or dying unexpectedly. There was no specialist equipment, in use in the home on the day of inspection. The training records confirmed that training in the use of syringe drivers had been provided to all registered nursing staff.

There are two identified palliative care link nurse in the home. The records and discussion with the registered manager confirmed that both palliative care link nurses attend courses/meetings, following which the information would be shared to all other nurses. There was also evidence of good working relationships between the registered nurse and the palliative specialist nurses.

### **Is Care Effective? (Quality of Management)**

A review of two care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain and symptom management. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care.

Discussion with the registered nurse and staff evidenced that environmental factors were considered. Discussion evidenced that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year evidenced that all notifications were submitted appropriately.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of two care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. All staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Overnight stays were facilitated if there was a vacant room and staff described how catering and snack arrangements were provided to family members during this period.

From discussion with staff and a review of the compliments records, there was evidence that arrangements in the home were sufficient to support relatives during this time. There were numerous cards on display, within which relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with staff evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home. All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included more experienced staff offering support to new staff and time spent reflecting on a patient's time spent living in the home. One staff member described how difficult it was for staff when there was a sudden deterioration in a patient's health. It was evident that there were supportive relations within the home.

Information regarding support services was available and accessible for staff, patients and their relatives.

### Areas for Improvement

One recommendation is made regarding this theme where a palliative link nurse should be appointed and as previously stated they should be formally trained.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.4 Additional Areas Examined

### 5.4.1 Questionnaires and comments

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

<b>Questionnaire's issued to</b>	<b>Number issued</b>	<b>Number returned</b>
Staff	5	0
Patients	5	3
Patients representatives	2	1

All comments in the returned questionnaires were very positive. Some comments received are detailed below:

#### Staff

- "I enjoy working here."
- "It is brilliant here the care is second to none."
- "Great team."
- "I love it here."

There were no concerns raised by staff during the inspection process.

#### Patients

- “I am happy.”
- “The food is wonderful.”
- “The staff are nice.”
- “I am spoilt.”

There were no concerns raised by patients during the inspection process.

### **Patients’ representatives**

- “My ..... has been so well looked after since their admission.”
- “Cairngrove is exceptional and very special, it has wonderful staff, everyone who visits my relative comments about the exceptional atmosphere in the home”

There were no concerns raised by patients’ representatives during the inspection process.

### **5.4.2 Environment**

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms, bathrooms shower and toilet facilities, sluice rooms, storage rooms and communal areas were examined. All areas examined were found to be clean, tidy and were warm and welcoming throughout.

### **5.4.3 Care records**

A review of four care records evidenced that they were patient centred and updated regularly in accordance with patients’ needs. Formal evaluations of care should be more descriptive and meaningful. The wording in one care record identified to the nurse in charge should be reviewed to ensure that the description of their behaviour is factual and that it should be updated to reflect the patient’s current needs. Another care record identified to the nurse in charge should be updated to describe changes in the patient’s condition. A requirement is made in this regard.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carmel McVeigh, nurse in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 March 2016	<p>The registered persons shall ensure that formal evaluations of care are more descriptive and meaningful.</p> <p>The registered persons shall ensure that the wording in one care record identified to the nurse in charge is reviewed to ensure that the description of their behaviour is factual and that it should be updated to reflect the patient's current needs.</p> <p>The registered persons shall ensure that the care record identified to the nurse in charge should be updated to describe changes in the patient's condition.</p>		
<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Care plan has been reviewed and re written.			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Standard:</b> N10  <b>Stated:</b> First time  <b>To be completed by</b> 31 March 2016	<p>The registered persons shall ensure that the nurse call system is continually reviewed as the needs of the patients change and in consultation with patients' representatives.</p> <p>Records should be retained for inspection of the review and confirmation should be returned in the Quality Improvement Plan (QIP) that the nurse call system is fully operational should it be required to be switched on at any time.</p>		
<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Obtaining quotes to replace current system.			
<b>Recommendation 2</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 March 2016	<p>The registered persons should ensure that palliative link nurse is appointed and that training is provided for staff. This training should include training in communication and the breaking of bad news.</p>		
<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Training provided for all staff in palliative care, and included communication and breaking of bad news on February 5 <sup>th</sup> 2016			
<b>Registered Manager Completing QIP</b>	Lisa Austin	<b>Date Completed</b>	03/03/2016
<b>Registered Person Approving QIP</b>	Charles Digney	<b>Date Approved</b>	03/03/2016
<b>RQIA Inspector Assessing Response</b>	Donna Rogan	<b>Date Approved</b>	15 March 2016

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**