



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

23 May 2019



Cairnhill

Type of Service: Nursing Home
Address: 39 Rathfriland Road, Newry, BT34 1JZ
Tel No: 0283026 8112
Inspector: Dermot Walsh and Raymond Sayers

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 22 patients.

3.0 Service details

Organisation/Registered Provider: Cairnhill Home 'A' Ltd Responsible Individual: Charles Anthony Digney	Registered Manager and date registered: Carmel McVeigh Acting no application required
Person in charge at the time of inspection: James Digney - Director	Number of registered places: 22
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 22

4.0 Inspection summary

An unannounced inspection took place on 23 May 2019 from 09.20 to 16.30.

This inspection was undertaken by care and estates inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of the previous estates inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing arrangements, adult safeguarding, recruitment practice, staff training and development, monitoring registration status of registered nursing staff and care staff, risk assessment, governance arrangements and with compliance with infection prevention and control. Further good practice was found in relation to the delivery of compassionate care, teamwork and with maintaining good working relationships.

Areas requiring improvement were identified in relation to falls management, the management of a malodour and with the recording of bowel management and repositioning. An area for improvement in relation to the provision of signage has been stated for the second time and an area for improvement in relation to the provision of smoke sealants has been stated for the third time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*3

*The total number of areas for improvement includes one under regulations and one under standards which have been stated for a second time and one under regulation which has been stated for the third time.

Details of the Quality Improvement Plan (QIP) were discussed with James Digney, director and Marie Therese McCann, nurse in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 27 September 2019

The most recent inspection of the home was an unannounced care inspection. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings; registration information; and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff week commencing 13 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment file
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspections

Areas for improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement two were met and one not met has been included in the QIP at the back of this report.

Areas for improvement identified at previous premises inspection have been reviewed. Of the total number of areas for improvement three were met and one not met has been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 13 May 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified. An area for improvement in relation to NISCC checks has now been met.

Staff consulted confirmed that they completed a structured orientation and induction programme when they commenced employment in the home. Staff confirmed that supernumerary hours were allocated to them at the commencement of their employment. These are hours in which staff were not counted within staffing numbers on the duty rota. This would give new staff the opportunity to work alongside a more experienced member of the team in order to gain knowledge of the homes policies and procedures. Staff spoke positively in relation to the induction process.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home. Staff confirmed that they were encouraged by the home's management to request additional training where they see that this would benefit them. Compliance with training was monitored monthly on an online training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Discussion with the manager confirmed that they were aware of the regional safeguarding policy and procedures. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Discussion with the manager and a review of accident records evidenced that falls in the home had not been managed in accordance with best practice. Falls risk assessments and care plans had been developed and updated regularly or following a fall, however, identified shortfalls in falls management were raised as an area for improvement.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Compliance with best practice on infection prevention and control had been well maintained. Isolated infection control issues were managed during the inspection. However, a malodour was detected in an identified room. This was discussed with the manager and identified as an area for improvement.

During the previous care inspection we identified that navigating around the home was difficult as signage was not evident to signify the use of rooms and promote path finding. An area for improvement was made in this regard. Discussion with the director and a review of the environment evidenced that this area for improvement has not been met and has now been stated for the second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, adult safeguarding, recruitment practice, staff training and development, monitoring registration status of registered nursing staff and care staff and with compliance with infection prevention and control.

Areas for improvement

The following areas were identified for improvement in relation to falls management and management of a malodour. An area for improvement in relation to the provision of signage in the home has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

There was evidence within three patients' care records reviewed that appropriate risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management, nutrition, pressure management and restraint. Care plans had been developed which were reflective of the risk assessments. The care plans had also been reviewed regularly or as the patients' needs changed. Registered nursing staff confirmed that there were no wounds in the home requiring dressing.

Dietary requirements, such as the need for a gluten free or diabetic diet, were communicated through staff handovers. Information also included the consistency of patients' food and fluids. Training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids was implemented. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. Where a risk was identified there was evidence within patients' care records that advice was sought from an appropriate health professional such as a dietician or a speech and language therapist. Patient care records also evidenced that advice received from health professionals were incorporated within the patients' care plans. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision in the home.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. An area for improvement was identified in relation to shortfalls in the recording of repositioning and with the recording of bowel management. Repositioning and bowel management records had been maintained, however, improvements in relation to the detail of recording were identified.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. The continued use of restraint was monitored at the evaluation of the patients' care plans.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Each staff member was aware of their roles and responsibilities within the team. Comments from staff included teamwork was: “Very good” and “We all get on great together”. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Staff commented that the home’s management were: “So approachable” and “We always get anything that we need.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, care planning and teamwork.

Areas for improvement

An area for improvement was identified in relation to supplementary record keeping in respect of repositioning and bowel management.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients’ wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Cairnhill was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- “I love this place. It’s great.”
- “It’s alright. Staff are good.”
- “It’s great here. Staff are nice.”

Two patients’ visitors were consulted during the inspection. Both visitors spoke very positively in relation to the care provision in the home; in their family member’s appearance and in the way that the family member looked forward to returning to the home when they leave. Patient representatives’ questionnaires were left for completion. None were returned.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- “I love it here. The patients are like my extended family.”
- “It’s great here. We have great craic with the patients.”
- “I absolutely love it here.”
- “I love it. I come to work happy.”
- “I am very content working here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

A visiting professional was consulted during the inspection. The visiting professional was complimentary in respect of good communication with staff; staffs’ knowledge of their patients and with good record keeping.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Discussion with the manager and staff, and observations confirmed that the home was operating within its registered categories of care.

Staff confirmed that the home’s managers were ‘very approachable’ and ‘always easily contactable’ when not in the home to provide guidance or advice during and out of normal office hours.

The manager confirmed that they had not received any recent complaints in the home relating to patients' care or in relation to the provision of any service in the home. A system was in place to record any complaints received including all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the registered manager and review of auditing records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, staff training and the environment.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

The previous Estates inspection report IN021638 Quality Improvement Plan (QIP) dated 16 June 2015 was reviewed. Three QIP items had been implemented, and one QIP item was partially complete. The remaining improvement works will be restated and inserted within the QIP for implementation by the registered individual.

A current fire risk assessment (FRA) report for the premises was undertaken on 2 February 2019. A number of the FRA report action plan recommendations have not been fully implemented however remedial works are progressing. The fire risk assessment was undertaken by a company holding professional body registration for fire risk assessors. Intumescent seals have been installed on bedroom doors. Further improvement work was ongoing as the intumescent seals were to be replaced with seals with integral smoke brushes. The bedroom doors will be upgraded to FD30S fire resistance integrity.

The servicing of the fire detection & alarm system, emergency lighting installation and fire-fighting equipment was undertaken in accordance with current best practice guidance. Building user checks of the fire safety control measures were completed and recorded.

A current risk assessment with regard to the control of legionella bacteria in the water distribution and storage systems was reviewed. The significant findings from this assessment have been addressed by the home's maintenance supervisor/janitor.

The premises' mechanical and electrical installations test/inspection certificates were available for inspection and indicate that the systems were maintained in accordance with best practice guidelines.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships. The interior fabric and finishes were maintained to a good standard. Building services were tested and inspected in accordance with current best practice.

Areas for improvement

No new areas for improvement were identified during the inspection in the well led domain. An area for improvement in relation to the provision of smoke sealants has been stated for the third time.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with James Digney, director and Marie Therese McCann, nurse in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that falls in the home are managed in accordance with best practice guidance.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: 'Post Falls Protocol' flow chart is present in visible location for staff to receive guidance/instruction as to the appropriate steps to take in the event of a resident having a fall.</p>
Area for improvement 2 Ref: Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) Stated: Third Time To be Completed by: 16 August 2019	<p>Replace intumescent seals on bedroom door edges with intumescent seals having integral smoke brushes. Bedroom doors must have FD30S fire resistance integrity.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Work to all doors completed by contractor.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 43 Criteria (1) Stated: Second time To be completed by: 31 July 2019	<p>The registered person shall consider the use of signage in the home to promote way finding.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Signage in a suitable format has been provided within Cairnhill.</p>
Area for improvement 2 Ref: Standard 44 Criteria (1) Stated: First time To be completed by: 23 June 2019	<p>The registered person should ensure that the malodour in the identified room is managed effectively.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Malodour was present when inspector was in mentioned bedroom, however, resident was not long out of bed and when fresh bed sheets were applied and room aired, malodour was no longer present.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary record keeping in relation to repositioning and bowel management is enhanced to contain further details improving the accuracy of the recording.</p> <p>Ref: 6.4</p>
<p>To be completed by: 23 June 2019</p>	<p>Response by registered person detailing the actions taken: Staff have been informed of the detail required when completing notes in order to improve the accuracy of the recording.</p>

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



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