



The Regulation and
Quality Improvement
Authority

Inspector: Donna Rogan
Inspection ID: IN022064

Cairnhill
RQIA ID: 1466
39 Rathfriland Road
Newry
BT34 1JZ

Tel: 028 3026 8112
Email: info@cairnhillgroup.co.uk

**Unannounced Care Inspection
of
Cairnhill Nursing Home**

24 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 24 June 2015 from 10:30 to 15:00.

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 27 November 2014.

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
Total number of requirements and recommendations made at this inspection	1	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with Marie Therese McCann, nurse in charge and Caire Gormley, personnel coordinator as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Charles Anthony Digney	Registered Manager: James Digney
Person in Charge of the Home at the Time of Inspection: Mary Therese McCann	Date Manager Registered: 01 April 2010
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 22
Number of Patients Accommodated on Day of Inspection: 7 patients were in house on day of inspection and 15 were in attending their day care centres	Weekly Tariff at Time of Inspection: £581 to £1217

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 examined:

- 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 (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit

During the inspection, delivery of care/practices was observed and a review of the general environment of the home was undertaken. Discussions were held with all 7 patients in the home, three care staff and one registered nurse. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- 3 patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policies for communication, death and dying 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 home was an unannounced care inspection dated 27 November 2014. The completed QIP was returned and approved by the nursing inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient reflect current best practice pertaining to the management of restraint by:</p> <ul style="list-style-type: none"> • ensuring that staff are supported with policies/procedures which are reflective of legislative guidance; • ensuring the availability of evidence based literature; and • reviewing all methods of restraint currently in use in partnership with patients/patient's representative and relevant professionals. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the policy and procedure on restraint they were observed to be reflective of current legislative guidance.</p> <p>Staff confirmed that evidence based literature was available for referencing.</p> <p>There was evidence in patients care records that methods of restraint were used in partnership with patients and their representatives and relevant professionals.</p>	
Last Care Inspection Statutory Requirements		Validation of

		Compliance
<p>Requirement 2</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the assessment of the patient's needs is;</p> <p>(a) kept under review; and</p> <p>(b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually, by ensuring that:</p> <ul style="list-style-type: none"> • a falls risk assessment is completed for all patients and on admission; • body mapping charts are recorded on admission, re-admission or if the patient presents with any issues/changes which impact on or pertain to the condition of the skin; and • a wound assessment chart is used in accordance with best practice. <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed three care records all contained an up to date falls risk assessment, body maps and wound charts were in place where relevant.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (5) (6)</p> <p>Stated: First time</p>	<p>The registered person must ensure that evidence based practices are in place in respect of the management of lap belts, and records of checks undertaken to minimise risks of harm and maintain the patients' safety are available at all times.</p> <p>On any occasion on which a patient is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint.</p> <p>These details should also be reported to the Regulation and Improvement Authority as soon as is practicable.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector observed patients which had lap belts in place and reviewed their care records. Regular checks of the lap straps were recorded. The records included the circumstances including the nature of the restraint.</p> <p>A review of notification of incidents evidenced where relevant that details are provided to RQIA.</p>	<p>Met</p>
<p>Last Care Inspection Statutory Requirements</p>		<p>Validation of</p>

		Compliance
<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that all nursing and care staff receive training in continence care and are deemed competent.</p> <p>As required to meet patients' needs, all nursing staff must receive training in male and female catheterisation and stoma care.</p> <p>Records of the training provided and staff competency assessments must be maintained.</p> <p>Action taken as confirmed during the inspection: A review of the training records provided evidenced that continence training was provided by the company which provides the home with continence products. Confirmation was received that there were currently no patients requiring catheter care. Training will be provided to staff should a patient be admitted with a catheter or stoma. The registered manager has confirmed where relevant competency assessments will be completed.</p>	<p>Met</p>
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 25.11</p> <p>Stated: Second time</p>	<p>It is recommended that the audit process evidences all stages of the audit cycle as discussed.</p> <p>Action taken as confirmed during the inspection: The registered person has completed audits and they are reviewed monthly by the registered person.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.12</p> <p>Stated: First time</p>	<p>It is recommended that the report template in use is reviewed in accordance with template guidance issued by the RQIA.</p> <p>Action taken as confirmed during the inspection: The regulation 29 visits were reviewed they were not observed to be in accordance with RQIA template guidance. This recommendation is stated for a second time.</p>	<p>Partially Met</p>

Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 3</p> <p>Ref: Standard 25.13</p> <p>Stated: First time</p>	<p>It is recommended that the annual quality report is enhanced further to evidence the quality initiatives in the home.</p> <p>The report should incorporate achievements for the reporting year as well as improvements planned for the forthcoming year.</p> <p>The report should be made available in a suitable format to patients and their representatives.</p> <p>A system to share this information should be developed.</p> <p>Action taken as confirmed during the inspection: The annual quality report was forwarded to RQIA following the previous inspection.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p>	<p>It is recommended that the patients' bowel type referencing the Bristol stool chart is consistently recorded in individual patients' bowel assessments, care plans and daily progress records.</p> <p>Action taken as confirmed during the inspection: A review of three patient care records evidenced that the Bristol Stool Chart is referenced when recording patients' bowel movements.</p>	Met
<p>Recommendation 5</p> <p>Ref: Standard 26.6</p> <p>Stated: First time</p>	<p>It is recommended that the following specified policies and procedures must be reviewed and updated as required and ratified by the responsible individual:</p> <ul style="list-style-type: none"> • continence Care including bowel care; • policies and procedures in respect of stoma and catheter care; and • policies and guidance information for staff providing intimate care including continence management. <p>Action taken as confirmed during the inspection: The continence care, stoma, catheter care and the intimate care policies and procedures have been updated.</p>	Met

Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 6</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>It is recommended that a resource file containing the following guideline documents is developed for staff and available for use on a daily basis.</p> <ul style="list-style-type: none"> • RCN continence care guidelines; • British Geriatrics Society Continence; • Care in Residential and Nursing Homes; • NICE guidelines on the management of urinary incontinence; and • NICE guidelines on the management of faecal incontinence <p>Action taken as confirmed during the inspection: There was evidence in the home that all the relevant guidelines were available in the home.</p>	Met
<p>Recommendation 7</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p>	<p>It is recommended that the role of a continence link nurse is developed for the company and regular audits of management of incontinence are undertaken and the findings acted upon to enhance standards of care for patients.</p> <p>Action taken as confirmed during the inspection: Staff nurse Carmel McVeigh has been identified as the continence link nurse and has received up to date training. It was confirmed that Carmel conducts audits of the management of continence care.</p>	
<p>Recommendation 8</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p>	<p>It is recommended that RQIA are informed of the investigative outcome of one complaint as discussed.</p> <p>Action taken as confirmed during the inspection: RQIA can confirm that the outcome/investigation of the complaint has been forwarded.</p>	Met

5.2 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy/reference manual has recently been updated and has been provided for staff. The manual included the regional guidelines on Breaking Bad News. The personnel coordinator stated the organisation current policy information on communicating effectively and palliative and end of life care was recently updated in June 2015 and is currently being introduced with staff. It is recommended that staff confirm that they are knowledgeable regarding the new updated policies and procedures. Staff should also receive the planned training in breaking bad news, bereavement and palliative/end of life care.

A sampling of staff training records evidenced that staff had not yet completed training in relation to communicating effectively with patients and their families/representatives. The personnel coordinator confirmed that training is to be organised in the near future. It is recommended that the planned training should include the procedure for breaking bad news as relevant to staff roles and responsibilities.

Is Care Effective? (Quality of Management)

Two of the three care records reviewed reflected patients' individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs.

A review of one care record evidenced that the wishes and feelings was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within all records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

A number of letters/cards complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Cairnhill Nursing Home.

Areas for Improvement

Following the implementation of the new policy documentation in respect of on communicating effectively and palliative and end of life care, a system should be implemented to ensure and verify staff and are knowledgeable of the policy documentation and regional guidelines. Staff should complete training in communicating effectively. The planned training should include the procedure for breaking bad news as relevant to staff roles and responsibilities.

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

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)

As previously stated the registered manager has recently introduced new policies and procedures regarding the management of palliative and end of life care and death and dying. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects.

It is recommended that a link nurse, in respect of palliative care is identified and they should attend the palliative care link nurse meetings in the local Healthcare Trust on an annual basis.

Competency and capability assessments for registered nurses include end of life care the assessments are validated by the registered manager. Staff spoken with confirmed that their staff induction included training on end of life care was included.

Discussion with nursing staff and a review of one care record confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the nurse in charge, two care staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with nursing staff confirmed their knowledge of the protocol.

There was no specialist equipment, for example syringe drivers in use in the home at the time of inspection.

Is Care Effective? (Quality of Management)

Whilst there were no patients identified as requiring end of life care in the home at the time of the inspection, the care records of one patient who had been in receipt of end of life and palliative care were discussed. The nurse in charge confirmed that the management of hydration and nutrition, pain management and symptom management was included in their plan of care. A key worker/named nurse are identified for each patient. Discussion with staff evidenced that referrals would be made if required to the specialist palliative care team and close contact would be maintained with the patient's General Practitioner.

Discussion with the nurse in charge and three staff evidenced that environmental factors are considered when a patient is considered to have reach the end of life stage. Discussion evidenced that management make reasonable arrangements for relatives/representatives to be with patients who are ill or dying, patients representatives were enabled to stay for extended periods of time without disturbing other patients in the home.

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

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present.

From discussion with the nurse in charge, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the nurse in charge and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient.

Areas for Improvement

It is recommended that a link nurse, in respect of palliative care is identified and they should attend the palliative care link nurse meetings in the local Healthcare Trust where relevant.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.4 Additional Areas Examined

5.4.1 Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	5	5
Patients	1	1
Patients representatives	3	3

All comments on the returned questionnaires were in general positive.

Patients' views

There was one questionnaire completed by a patient on the day of the inspection. Comments returned in the questionnaire were very positive regarding the care and services received in the home. All patients spoken with on the day of inspection evidenced that they were happy and content in the home.

Patients' representatives' views

There no relatives visiting at the time of the inspection.

Staff views

Staff spoken during the inspection expressed high level of satisfaction with care and services provided in the home. All were complimentary of the management in the home and felt communication and palliative/care of the dying was a theme which they were well informed and were confident that they delivered well.

There were six questionnaires completed by staff, comments received are detailed below:

- "Very satisfied that care is based on individual wishes and feelings."
- "Very satisfied that patients are afforded privacy, dignity and respect at all times."
- "I feel there is a very high standard of care within the home. Patients are treated with respect and compassion."
- "Cairnhill nursing home provides the highest quality of care at all times. Respecting residents' needs and wishes."
- "Very satisfied that the home has a policy and procedure on palliative care/death and dying."
- "Very satisfied that patients are well supported and enabled to have a dignified death."

5.4.2 The environment

There was a good standard of cleanliness and hygiene standards evident during the inspection. The home was spacious and communal areas were comfortable. Infection control procedures were also generally maintained to a good standard.

However the following issues are required to be addressed and a requirement has been made that:

- the identified bedrooms should be repainted;
- ensure worn seating is replaced;
- replace the identified bedroom furniture;
- replace/repair the identified carpets;
- ensure items are appropriately stored in bathrooms/W/C's;
- address the foul odour in the identified bedroom.

5.4.3 Care records

Three care records were reviewed. They were found to be individualised and were reflective of the care needs of patients. They are audited monthly.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Marie Therese McCann, nurse in charge and Carie Gormely, personnel coordinator 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 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.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The registered manager shall ensure that the identified issues raised in section 5.4.2 in respect of the environment are addressed.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Painting of identified bedrooms has been organised with painter. New suite of furniture has been purchased to replace worn seating. New furniture has been arranged for identified bedrooms. Carpets have been replaced in identified bedrooms Air fresheners are now in situ to try to eliminate foul odour in bedroom.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2015</p>	<p>The registered manager should ensure that following the implementation of the new policy documentation in respect of on communicating effectively and palliative and end of life care, that a system should be implemented to ensure and verify staff are knowledgeable of the policy documentation and regional guidelines.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All staff sign and date policy documents and guidelines, to verify that they are knowledgeable of same.</p>
<p>Recommendation 2</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The registered manager shall ensure that staff complete training in communicating effectively. The planned training should include the procedure for breaking bad news as relevant to staff roles and responsibilities.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Training on communication has been organised for all staff.</p>
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 05 August 2015</p>	<p>The registered manager should ensure that a link nurse, in respect of palliative care is identified and they should attend the palliative care link nurse meetings in the local Healthcare Trust.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Lisa Austin is now link nurse in respect of palliative care and will attend meetings in the local healthcare trust.</p>

Recommendation 4 Ref: Standard 25.12 Stated: Second time To be Completed by: 05 August 2015	It is recommended that the report template in use is reviewed in accordance with template guidance issued by the RQIA. Response by Registered Person(s) Detailing the Actions Taken: Report template has been updated to incorporate template issued by RQIA.		
Registered Manager Completing QIP	James Digney	Date Completed	03/08/2015
Registered Person Approving QIP	Charles Digney	Date Approved	03/08/2015
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	04/08/2015

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address