



# Unannounced Care Inspection Report 25 January 2021 & 11 February 2021



## Cairnhill

**Type of Service: Nursing Home**  
**Address: 39 Rathfriland Road, Newry, BT34 1JZ**  
**Tel No: 028 3026 8112**  
**Inspectors: Dermot Walsh & Joseph McRandle**

[www.rqia.org.uk](http://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 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 22 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cairnhill Home 'A' Ltd  <b>Responsible Individual:</b> Charles Anthony Digney	<b>Registered Manager and date registered:</b> Carmel McVeigh 24 June 2020
<b>Person in charge at the time of inspection:</b> Monica McAuley – Nurse in charge	<b>Number of registered places:</b> 22
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 19

### 4.0 Inspection summary

An unannounced inspection took place on 25 January 2021 from 10.30 to 15.30 hours. A remote finance inspection was undertaken on 11 February 2021 from 14.00 to 15.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance
- management of patients' finances.

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
<b>Total number of areas for improvement</b>	2	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Monica McAuley, nurse in charge, as part of the inspection process. Inspection findings were also discussed with Carmel McVeigh, manager, following the inspection. The timescales for completion commence from the date of inspection.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients and four staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for week commencing 10 January 2021
- incident and accident records
- complaints/compliments records
- menu
- infection control/hand hygiene audits
- care record audits
- three patients' care records
- a sample of patients' financial records.

Areas for improvement identified at the last care and finance inspections were reviewed and assessment of compliance recorded as 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 areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 January 2020. Areas for improvement from the last finance inspection conducted on 11 September 2018 were also reviewed as part of this inspection report.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 12 (1) (a) (b) <b>Stated:</b> Second time	The registered person shall ensure that falls in the home are managed in accordance with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of falls management records evidenced that this area for improvement has now been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure that all notifiable incidents are reported to RQIA in a timely manner. This will include any injury sustained by a patient as a result of a fall.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of incidents records evidenced that this area for improvement has now been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 Criteria (9) <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of supplementary records evidenced that this area for improvement has now been met.	

<b>Areas for improvement from the last finance inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 5.(1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that each patient or their representative is provided with an individual written agreement detailing the terms and conditions of their stay in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff confirmed that since the last finance inspection on 11 September 2018 all patients were provided with a written agreement. A review of the written agreement confirmed that the agreement set out the terms and conditions of the patient's residency within the home. This area for improvement has been met.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.11  <b>Stated:</b> First time	The registered person shall ensure that any member of administrative staff who has input into patients' finances receives adult safeguarding training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff confirmed that administrative staff involved with patients' finances had received safeguarding training since the last finance inspection in September 2018. The most recent date of training was 20 September 2020. This was confirmed by email on 11 February 2021. This area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.10  <b>Stated:</b> First time	The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients' property records evidenced that since the last finance inspection	

	on 11 September 2018 the records had been updated and reconciled in line with the Care Standards for Nursing Homes (2015). This area for improvement has been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 2.2 <b>Stated:</b> First time	The registered person shall ensure that the home's generic patient agreement template is reviewed to ensure it is consistent with the content of the standard listed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients' written agreements showed that the agreements were consistent with the content of standard 2.2. The agreements detailed the terms and conditions for residing at the home and the current weekly fee paid by, or on behalf of, the patients. This area for improvement has been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 14.6, 14.7 <b>Stated:</b> First time	The registered person shall ensure that written authorisation is obtained from each resident or their representative to spend the patient's personal monies to pre-agreed expenditure limits.  The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff confirmed that written authorisation for members of staff to make purchases on behalf of patients were in place for all patients. A review of two patients' records showed that the contracts were signed by the patients' representatives and a representative from the home. This area for improvement has been met.	

## 6.2 Inspection findings

### Staffing

Staff consulted during the inspection confirmed that patients' needs were met with the planned staffing levels and skill mix. Patients spoke positively on the care that they received and voiced no concerns in regards to the staffing arrangements. One told us, "It's fine here; staff are very kind." A review of the duty rota for week commencing 10 January 2021 confirmed that the planned staffing levels and skill mix had been achieved. The nurse in charge confirmed that they had completed a nurse in charge competency and capability assessment to take charge of the home in the absence of the manager.

Staff confirmed that they had a good understanding of one another's roles in the home. Online training had been provided to assist staff in meeting their roles. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons. However, staff consulted also confirmed that they had not received training on the management of patients' distressed reactions. This was identified as an area for improvement.

Staff spoke positively in relation to the teamwork in the home. One commented, "It's very good; we always know where each other is." Another commented, "There is good communication between the staff." Staff were observed to communicate well with each other during the inspection.

### Care delivery

Patients were presented well in their appearance and appeared comfortable and relaxed in the home. Staff were observed to interact with patients in a compassionate and caring manner. Patients spoke positively in relation to engagements with the staff. One staff told us, "I really enjoy working here; it's either for you or not. I love it." Another staff commented, "This is the nicest home I have ever worked in." Staff interacted very well with a patient who displayed anxiety during the inspection.

Attendance to day centres had stopped since March 2020. During the inspection the majority of patients watched television. Following the COVID outbreak, outings from the home were postponed as a safety precaution. Staff consulted confirmed that, when they had the opportunity, they would engage in activities such as foot/nail care, hairdressing, music, reading magazines, ipad games and watching films. A room on the first floor contained sensory equipment available for use. The provision of activities was discussed with the nurse in charge during the inspection and with the manager following the inspection and an area for improvement was made to ensure that all patients in the home were in receipt of meaningful activities.

An indoor visiting area had been identified in the home taking IPC measures into consideration. Visitors were required to have their temperature checked; complete a self-declaration form and wear a facemask before entering the visiting room from outside of the home. In addition to indoor visiting, virtual visiting was encouraged. The manager confirmed that they would normally communicate any change with patients' relatives via the telephone.



## Care records

Three patients' care records were reviewed during the inspection. Each patient had a risk assessment for pressure management, nutrition, risk of falling and moving and handling. The risk assessments informed patients' care plans.

Pressure management risk assessments had been maintained monthly for the patients and two of these had identified a risk of pressure damage. However, the patients' care records did not make any reference to daily skin checks. An area for improvement was identified.

Two patients' social care plans made reference to engaging in one to one activity but they did not identify which one to one activities the patients enjoyed. This was discussed with the nurse in charge for further development of the care plans.

Records of bowel management had been well maintained. Bristol Stool Scores were utilised in the recording. It was easy to see when each patient last had a bowel movement within the records. An area for improvement in this regard has now been met.

## Infection prevention and control measures

When we arrived to the home we were required to wear a facemask and a visor. Both were available at the entrance to the home. Hand hygiene was available at the entrance to the home. Personal protective (PPE) equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE.

When staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with patients. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all patients on a four weekly basis. Patients' temperatures were checked twice a day as a means to detect if any were developing symptoms.

Staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. Domestic cleaning hours had increased from the commencement of the COVID – 19 pandemic. Care staff on day and night duties also had identified cleaning duties to complete daily.

## The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Corridors and stairwells were clear of clutter and obstruction. Fire exits and fire extinguishers were also maintained clear of obstruction. There were no malodours in the home.

Chemicals were observed accessible to patients in several areas in the home. This was discussed with the manager and identified as an area for improvement.

Thickening agents were also observed accessible to patients in the dining room. This was also discussed with the manager and identified as an area for improvement.

We identified a range of areas in the home which were not in keeping with best practice on IPC compliance. Areas identified:

- handrails in disrepair
- rusting equipment in shower room
- unlaminated signage
- communal shower room door in disrepair
- mattress stored in sluice
- ironing cover in use requiring replacement.

This was discussed with the manager and identified as an area for improvement.

### Leadership and governance

Since the last inspection the manager has registered with RQIA. There was a clear organisational structure in the home. Discussion with staff confirmed that they would have no issue in raising any concerns with the home's management.

A record of all accidents, incidents and injuries occurring in the home was maintained and any required to be reported to RQIA had been received. The number of accidents in the home was low.

A complaints file was available for review. The nurse in charge confirmed that there had been no recent or ongoing complaints relating to the home. We discussed that any area of dissatisfaction should be recorded as a complaint.

We reviewed care record audits. Following the care record audit, an action plan was developed identifying shortfalls and given to the nurse responsible for maintaining the records. There was evidence that the action plans had been reviewed in a timely manner to ensure completion.

### Areas for improvement

Areas for improvement were identified in relation to storage of chemicals and thickening agents, staff training on management of distressed reactions, recording of skin integrity, compliance with IPC best practice and with the provision of activities.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	4

### 6.3 Conclusion

The atmosphere in the home was relaxed. Patients were well presented in their appearance and appeared settled in their environment. Staff were observed attending to patients in a caring and compassionate manner. Patients have commented positively on the care that they received. Staff had received IPC training and training in the use of PPE. The staffing arrangements in the home were suitable to meet the needs of patients.

There was evidence of good working relationships between staff and management. Six areas for improvement were identified.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Monica McAuley, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> All chemicals are now clearly labeled and stored according to regulations.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that thickening agents are stored safely when not in use and not accessible to patients.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> Thickening agents are now stored correctly when not in use.
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2021	The registered person shall ensure that relevant staff in the home receives training on the management of distressed reactions.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> Staff received training in the management of distressed reactions on 22 <sup>nd</sup> February 2021.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2021	The registered person shall review the provision of activities in the home to ensure that all patients are receiving meaningful activities.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> Meaningful activities suitable to residents abilities are carried out daily and recorded accordingly.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 February 2021</p>	<p>The registered person shall ensure that any patient deemed at risk of pressure damage has a documented evidence of skin check at least once every 24 hours.</p> <p>Ref: 6.2</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44 Criteria (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 March 2021</p>	<p>The registered person shall ensure that the IPC issues identified on inspection are managed to reduce the risk of any spread of infection.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Recording forms now in place for those residents deemed to be at risk of pressure damage.</p> <p><b>Response by registered person detailing the actions taken:</b> All issues identified during inspection have been rectified to manage spread of infection.</p>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)