

Unannounced Care Inspection Report 25 October 2017



Cairnhill

Type of Service: Nursing Home (NH)
Address: 39 Rathfriland Road, Newry, BT34 1JZ
Tel No: 028 30268112
Inspectors: Donna Rogan and Michael Lavelle

www.rgia.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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Cairnhill Home 'A' Ltd Responsible Individual: Charles Anthony Digney	Registered Manager: James Digney
Person in charge at the time of inspection: James Digney	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	Number of registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 25 October 2017 from 09.30 to 16.30 hours.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was good practice found in relation to; the home environment, infection prevention and control, the management of accidents and incidents, communication between, staff and other key stakeholders, dignity and privacy, listening to and valuing patients and their representatives.

A number of positive comments were received from staff and patients. Patients said they were happy with the care provided and enjoyed living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Concerns were raised in relation to the management of one member of staff's personnel file. The staff member was not recruited to the home in keeping with legislation and best practice. A decision was taken to hold a meeting with the intention to issue a failure to comply notice in relation to recruitment processes. The meeting took place at RQIA on 1 November 2017.

During the intention meeting the registered persons acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation. RQIA were satisfied with the action plan, assurances provided and the learning identified. A decision was made not to serve the failure to comply notice. An area for improvement is made under regulation in this regard and sustained compliance will be validated at the next inspection.

An area for improvement under the care standards was also raised in relation to care planning.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with James Digney, registered manager, 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 21 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 September 2017.

There were no further actions required to be taken following the most recent 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 approximately nine patients and four staff. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection. Ten questionnaires for patients and relatives were left for distribution. A notice inviting staff to complete an online survey was also displayed.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for the period from 22 October to 18 November 2017
- 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
- three staff recruitment and induction files
- three patient care records
- three patient care charts including bowel management, personal care, food and fluid intake charts and repositioning charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvement.

6.2 Review of areas for improvement from the last care inspection dated 29 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (4) Stated: First time	The registered person must ensure that the review of the menus should be in keeping with guidance from, The Nutritional Guidelines – Public Health Agency (PHA) 2014 and in keeping with the Care Standards for Nursing Homes 2015.	Met
	Action taken as confirmed during the inspection: A review of the menus evidenced that they have been reviewed and were in keeping with the above guidance and standards.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: First time	The registered person should ensure that information regarding selection and recruitment is available for inspection.	Met
	Action taken as confirmed during the inspection: The information was available regarding selection and recruitment.	
Area for improvement 2 Ref: Standard 21 Stated: First time	The registered person should ensure that the outcome of the risk assessments is recorded.	Met
	Action taken as confirmed during the inspection: A review of three patients' risk assessments evidenced that the outcome was recorded.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person should ensure that the registered manager includes their intended working hours on the duty rota.	Met
	Action taken as confirmed during the inspection: A review of the duty rotas evidenced that the registered manager's intended working hours was included.	

6.3 Inspection findings

6.4 Is care safe?

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

The personnel file for one recently employed registered nurse was reviewed. There was no evidence of any recruitment documentation such as; an application form, references being sought, or information gathered from their previous employment. There was also no Access NI clearance completed prior to the member of staff recommencing employment in Cairnhill. The registered manager stated that this was an oversight and as the person had been previously employed a renewed application was not sought on this occasion. The identified staff member was required to leave the premises until appropriate recruitment and selection processes which included Access NI vetting was completed. The registered persons co-operated with this course of action as required.

Given the identified concern and the potential risk to patients, as previously discussed a meeting was held with the intention to serve a failure to comply notice in respect of Regulation 21 (1) (b). At this meeting an action plan was provided and assurances were given that necessary actions had been taken to ensure compliance in this area. These included; the relevant renewal application had been sought and the relevant checking information was in place, a checklist was put in place in relation to recruitment processes; and an updated policy on selection and recruitment was also in place. In addition to the above, the recruitment files for the identified staff member were provided and a review evidenced that these included all the necessary documentation. The registered individuals advised that enhanced monitoring governance systems have been implemented to assure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.

Given the actions taken, information and assurances provided a decision was made by RQIA not to serve the failure to comply notice. However, an area for improvement has been made under regulation to address the shortfalls identified.

Appropriate staff recruitment information was available for all other members of staff during the inspection. Two further personnel files were reviewed. The records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 22 October 2017 to 18 November 2017 evidenced that the planned staffing levels were generally adhered to. Discussion with patients' representatives evidenced that there were no concerns regarding staffing levels. Consultation with four staff and nine patients, confirmed that they were satisfied with the staffing arrangements within the home. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. Discussion with staff also evidenced that new agency care staff received a formal induction/orientation to the home prior to commencing their first shift.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, appropriately decorated, fresh smelling and clean throughout. Fire exits and stairwells were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training and development, monitoring of staff registrations, accident management and the homes environment.

Areas for improvement

One area for improvement was identified under regulation was made in relation to recruitment processes.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of one patient's care records pertaining to the management of wounds evidenced that registered nurses were adhering to the regional guidelines and the care planning process in respect of this patient was appropriate.

Supplementary care charts such as nutritional/dietary intake, bowel management and repositioning records evidenced that they were being maintained in accordance with best practice guidance and care standards and legislation. The records had been recorded contemporaneously.

Care plans reviewed were up to date and appropriately maintained; they directed staff as to how to meet the care needs of patients. However the following information is required to be updated in the identified care records;

- a care plan should be put in place to manage the identified patient's commencement of antibiotic
- the identified patient should have their Malnutrition Universal Screening Tool (MUST) and Braden pressure risk assessment updated
- the identified patient should have their care plan updated to reflect their current medical condition.

An area for improvement is identified under the care standards in this regard.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement is made under the care standards in relation to the management of care plans

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 interactions with patients were observed to be compassionate, caring and timely. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The serving of lunch was observed in the main dining room on the ground floor. Patients were seated around tables which had been appropriately laid for the meal. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. Staff sat alongside patients when assisting with meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. The food served appeared nutritious and appetising. The mealtime was well supervised. Food was covered when transferred from the dining room. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

The provision of activities was reviewed during the inspection. Discussion with the registered manager evidenced that meaningful activities were conducted with all patients accommodated in the home. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

The views and opinions of patients and patients' representatives, on the service provision of the home, were regularly collected through individual meetings and formal reviews. The registered manager also confirmed that feedback to patients and/or their representatives of the opinions raised was provided during discussions with patients and relatives.

Four staff members were consulted to determine their views on the quality of care within Cairnhill Nursing Home. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments made during the inspection were as follows:

“This is a great place”
 “I love working here”
 “This work is so rewarding, the patients are our priority”
 “Great team; great place”

Nine patients were consulted during the inspection. Some patient comments were as follows:

“I’m happy here”
 “Everyone is brilliant”
 “Love it”
 “Brilliant”

One patient representative was consulted with during the inspection. The representative was very positive in their feedback regarding the care provision in the home. Ten relative questionnaires were left in the home for completion. None were returned within the timeframe for inclusion in the report.

One relative commented that, “the care is excellent; we couldn’t ask for better”.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. The nurse in charge was identified on the duty rota.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments and thank you cards displayed are as follows:

"Thank you for all the love, care and attention provided to..."

"Thank you for all your dedication given to..."

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Infection prevention and control audits and care plan audits were reviewed.

Staff consulted confirmed that they would be confident in raising any concerns with the home's management.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports are made available for patients, their representatives, staff and trust representatives upon request.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and the management of complaints and incidents.

Areas for improvement

There were no areas for improvement identified in this domain.

	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, registered manager, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Recruitment policy has been updated as per recommendations of inspector, and all staff involved in recruitment process have been made aware of changes to policy.</p>
---	--

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2017</p>	<p>The registered person shall ensure the identified care records are updated as discussed in section 6.5.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Care plan identified during inspection has been updated as per recommendations.</p>
---	--

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



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care