

Unannounced Care Inspection Report 27 January 2020



Cairnhill

Type of Service: Nursing Home
Address: 39 Rathfriland Road, Newry, BT34 1JZ
Tel No: 028 3026 8112
Inspector: Dermot Walsh

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

Organisation/Registered Provider: Cairnhill Home 'A' Ltd Responsible Individual(s): Charles Anthony Digney	Registered Manager and date registered: Carmel McVeigh – acting application received
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 care inspection took place on 27 January 2020 from 09.20 hours to 15.15 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection. Areas for improvement in respect of the previous finance inspection has also been reviewed and validated as required.

The following areas were examined during the inspection:

- environment
- management of falls
- care records
- consultation
- governance

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff and other patients. Comments received from patients 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	*1

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with James Digney, Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 23 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 May 2019. Other than those actions detailed in the QIP no further actions were 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 five patients and five staff. Ten questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- four patient care records
- a sample of patient care charts including bowel management and repositioning charts
- incident and accident records
- a sample of patients' finance records
- RQIA registration certificate

Areas for improvement identified at the last care inspection 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 inspections

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 (1) (a) (b) Stated: First time	The registered person shall ensure that falls in the home are managed in accordance with best practice guidance.	Not met
	Action taken as confirmed during the inspection: A review of three patients' care records evidenced that this area for improvement has not been met. This will be discussed in section 6.2. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 27 (4) (b) (c) (d) (i) Stated: Third time	Replace intumescent seals on bedroom door edges with intumescent seals having integral smoke brushes. Bedroom doors must have FD30S fire resistance integrity.	Met
	Action taken as confirmed during the inspection: Intumescent seals had been fitted to bedroom doors.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Criteria (1) Stated: Second time	The registered person shall consider the use of signage in the home to promote way finding.	Met
	Action taken as confirmed during the inspection: Signage was evident in the home to promote way finding.	

Area for improvement 2 Ref: Standard 44 Criteria (1) Stated: First time	The registered person should ensure that the malodour in the identified room is managed effectively.	Met
	Action taken as confirmed during the inspection: There was no malodour evident in the identified room.	
Area for improvement 3 Ref: Standard 4 Criteria (9) Stated: First 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.	Partially met
	Action taken as confirmed during the inspection: A review of three patients' care records evidenced that there were gaps in the recording of skin checks and bowel management. This area for improvement has been partially met and has been stated for the second time.	

Areas for improvement from the last finance inspection

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 5 (1) (a) (b) Stated: 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.	Met
	Action taken as confirmed during the inspection: There was evidence that patients or their representatives had been provided with an individual written agreement.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 13.11 Stated: First time	The registered person shall ensure that any member of administrative staff who has input into patients' finances receives adult safeguarding training.	Met

	<p>Action taken as confirmed during the inspection: A review of training records evidenced that this area for improvement has now been met.</p>	
<p>Area for improvement 2 Ref: Standard 14.10 Stated: First time</p>	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that inventory records were reconciled on at least a quarterly basis.</p>	
<p>Area for improvement 3 Ref: Standard 2.2 Stated: First time</p>	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: The generic patient agreement template was reviewed following the last finance inspection.</p>	
<p>Area for improvement 4 Ref: Standard 14.6, 14.7 Stated: First time</p>	<p>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.</p> <p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that written authorisation had been obtained to spend personal monies.</p>	

6.2 Inspection findings

Environment

We looked at the home's environment and reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluices, dining room and lounges. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

Intumescent seals had been fitted to bedroom doors, signage was evident in the home to promote way finding and there was no malodour evident in the identified room; these areas for improvement had been met.

Management of falls

Falls risk assessments had been completed, although, these had not been updated monthly. There was no evidence that falls in the home had been monitored monthly for pattern and trends. Review of accident and incident records evidenced that RQIA had not been notified of a fall where an injury had occurred. This area for improvement had not been met and will be stated for the second time.

Care records

We reviewed of the care record for a patient requiring repositioning and observed that there was no evidence that skin checks had been carried out. Review of three patients' care records in relation to bowel management evidenced that there were gaps in recording. This area for improvement had been partially met and will be stated for the second time.

Consultation

Consultation with five patients individually confirmed that they were happy living in Cairnhill. Patient questionnaires were left for completion; none were returned.

Patients consulted during the inspection commented:

- "It's nice here."
- "I like it here."

No patients' representatives were available for consultation during the inspection. 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 five staff consulted during the inspection included:

- "I really like the work."
- "It's good."
- "I like it. Enjoy working here."
- "Like it here."

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

Governance

Review of a sample of patients' finance records evidenced that all areas for improvement identified at the last finance inspection had been met.

As previously stated review of accident and incident records evidenced that RQIA had not been appropriately notified of an identified fall. Notifications should be submitted to RQIA appropriately and in a timely manner; an area for improvement was made.

Areas for improvement

An area for improvement was identified in relation to ensuring notifiable events are reported to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	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, 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: Second time To be completed by: 1 March 2020	<p>The registered person shall ensure that falls in the home are managed in accordance with best practice guidance.</p> <p>Ref: 6.1 and 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Falls management protocols have been introduced and staff are completing same. Audit carried by manager monthly.</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: RQIA were contacted on 30th January, spoke to a person called Mark, explained that notifications sent had never reached RQIA inspector. Mark requested we resend all such notifications; same sent 30/01/2020.</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 4 Criteria (9) Stated: Second time To be completed by: 1 March 2020	<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: 6.1 and 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Repositioning and bowel management records have been ammended to help improve the accuracy of recording.</p>

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



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