



# Unannounced Care Inspection Report 27 September 2018



## Cairnhill

**Type of Service: Nursing Home**  
**Address: 39 Rathfriland Road, Newry, BT34 1JZ**  
**Tel No: 028 30268112**  
**Inspector: Dermot Walsh**

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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

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

### 4.0 Inspection summary

An unannounced inspection took place on 27 September 2018 from 09.50 to 17.20 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 Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to staffing arrangements, recruitment practice, staff training and development, monitoring registration status of staff, accident management, quality improvement, the home's general environment, record keeping, teamwork and communication between residents and staff and other key stakeholders. Further good practice was found in relation to the culture and ethos of the home with dignity and privacy, listening to and valuing patients and maintaining good working relationships.

Areas for improvement were identified under regulation in relation to compliance with best practice in infection prevention and control (IPC) and with the monitoring of care staff registrations in accordance with Northern Ireland Social Care Council (NISCC). An area for improvement was identified under standards in relation to signage in the home.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Some patients' comments can be found in section 6.6. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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	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.

## 4.2 Action/enforcement taken following the most recent inspection dated 11 September 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 11 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven patients, six staff and one visiting professional. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, 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:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for weeks commencing 16 September 2018
- staff training records
- incident and accident records

- two staff recruitment and induction files
- three patient care records
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially 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 11 September 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP will be reviewed by the finance inspector and compliance will be reviewed at the next finance inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 25 October 2017

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 21 (1) (b) <b>Stated:</b> First time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a recently recruited staff member's recruitment records evidenced that the necessary checks had been completed prior to the staff member commencing in post.	

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 <b>Stated:</b> First time	The registered person shall ensure the identified care records are updated as discussed in section 6.5.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the identified records available evidenced that these had been updated consistently as appropriate.	

### 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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 16 September 2018 evidenced that the planned staffing levels were adhered to.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Review of two staff recruitment files evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. An area for improvement made in relation to recruitment checks has now been met.

Staff consulted confirmed that annual appraisals were conducted in the home. It was clear during consultation with staff that some staff were unfamiliar with the term 'supervision'. This information was passed to the registered manager for their review and action as appropriate. Information sent to RQIA following the inspection confirmed that all staff had received an annual appraisal and a recorded supervision and that the majority of staff had completed their second supervision.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). Shortfalls were identified in relation to the monitoring of care staff registration with the Northern Ireland Social Care Council (NISCC). This was discussed with the registered manager and identified as an area for improvement.

We discussed the provision of mandatory training with staff and reviewed staff training records. A system was evident to ensure compliance with mandatory training compliance. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Staff also confirmed that the majority of training was conducted face to face. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. There was evidence of upcoming training in relation to fire awareness and epilepsy management displayed at the nurses' station. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified and had attended training pertinent to the role. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation. From a review of records and discussion with the registered manager there was evidence of proactive management of falls.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of 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 sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. There was evidence of recently refurbished communal rooms in the home. The registered manager confirmed ongoing improvement works in relation to the environment. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. However, navigating around the home was difficult as signage was not evident to signify the use of rooms. This was discussed with the registered manager and identified as an area for improvement.

The following issues were identified which were not managed in accordance with best practice guidelines in IPC:

- inappropriate storage in identified rooms including personal products in communal areas
- unlabelled topical preparations in communal areas
- no appropriate drying racks or drip trays in sluice areas
- rusting commode chairs and bin frames
- identified exposed wood on furniture in sluice area.

The above issues were discussed with the registered manager and identified as an area for improvement under regulation.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, staff training and development, monitoring registration status of registered nursing staff, accident management and the home’s general environment.

**Areas for improvement**

Areas for improvement were identified under regulation in relation to infection prevention and control and with the monitoring of care staff registrations in accordance with NISCC.

An area for improvement was identified under standards in relation to signage in the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

**6.5 Is care effective?**

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

Review of three patients’ care records evidenced that all appropriate assessments had been conducted on admission and that care plans had been appropriately developed in accordance with the patients’ assessed needs. Care plans had been reviewed to ensure that these were current. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, tissue viability nurses, speech and language therapists and dieticians. Contemporaneous records were maintained to evidence care delivered.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was, “Very good” and there are very dedicated staff here”. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home’s management were, “Very approachable” and “They are lovely to work for”.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.



## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 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 demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

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

The lunchtime meal was observed in the dining room on the first floor. Patients were seated around tables which had been appropriately set for the meal. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their 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. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you for all the friendship, love and sensitive care you gave.... We will be forever grateful."  
 "Thank you so much for the excellent attention and care you gave our.... I know he was happy and I'll always be grateful."

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Cairnhill was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments:

- “It is great here. I get out and about.”
- “It’s ok here. I’m comfortable.”
- “It’s great here.”
- “It’s good. Food is nice.”

No patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned.

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

- “I love it. I’m very happy here.”
- “Staff here are great. There is great craic with the residents. They [the management] are lovely to work for.”
- “It is dead on here. Everyone gets on great. James is great.”
- “Very happy here. It is a nice place to work.”
- “I really like it here.”

A visiting professional was complimentary in respect of the staff at the home. They confirmed that staff were very pleasant; gave good feedback and followed any instructions left in relation to patient care.

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

**Areas of good practice**

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

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was included within the patients guide. The registered manager confirmed that there were no recent complaints in relation to the home.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, hygiene and medicine management. Auditing records evidenced actions to be taken with evidence of review and re-review to ensure that the actions had been completed.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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.

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

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (4) (b) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 October 2018</p>	<p>The registered person shall ensure a more robust system is in place to monitor care staff registration in accordance with NISCC.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> A spreadsheet has been devised on 1<sup>st</sup> October to monitor care staff registration with NISCC</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 October 2018</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system to ensure infection prevention and control compliance must be developed.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All damaged items have been disposed of and new equipment in place from Monday 1<sup>st</sup> October 2018.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 43 Criteria (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 October 2018</p>	<p>The registered person shall consider the use of signage in the home to promote way finding.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Makaton signage has been adopted in the home as it is more suitable for our residents.</p>

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



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