



The **Regulation** and  
**Quality Improvement**  
Authority

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

**Inspector: Kieran Monaghan**  
**Inspection ID: IN021638**

**Tel: 028 30 26 81 12**  
**Email: - info@cairnhillgroup.co.uk**

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**Announced Estates Inspection**  
  
**of**  
  
**Carinhill Nursing Home, Newry**  
  
**16 June 2015**

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

## 1. Summary of Inspection

An announced estates inspection took place on 16 June 2015 from 2:00pm. to 4:00pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes April 2015.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	0

The details of the QIP within this report were discussed with Mr. James Digney, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Responsible Individual:</b> Mr. Charles Anthony Digney, Cairnhill Home 'A' Ltd.	<b>Registered Manager:</b> Mr. James Digney
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms. Carmel McVeigh	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> NH-LD, NH-LD(E)	<b>Number of Registered Places:</b> 22
<b>Number of Patients Accommodated on Day of Inspection:</b> 22	<b>Weekly Tariff at Time of Inspection:</b> £581.00 - £1,217.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

### Standard 44: Premises

### Standard 47: Safe and Healthy working Practices

### Standard 48: Fire Safety

## 4. Methods/Process

Specific methods/processes used in this inspection included the following:

Prior to the inspection an overview of the recent notified incidents was carried out. The issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 28 August 2012 were also reviewed during this Estates inspection.

During the inspection, the inspector did not meet with patients, care staff, support staff, visiting professionals or patient's visitors/representatives.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment, etc....

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an announced primary finance inspection on 30 March 2015. The completed QIP for this inspection was approved on 14 May 2015.

### 5.2 Review of Requirements and Recommendations from the last Estates Inspection on 28 August 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulations 13(7) 27(2)(b)	The wall tiling in the shower areas should be reviewed and improved as required. The pipe casings at the back of the toilets should also be reviewed and improved as required.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> Further improvements should be carried out to the wall tiling in the shower areas and to the pipe casings at the back of the toilets. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27(2)(d)	Following on from the recent replacement of the corridor carpets further redecoration should be carried out as required. Bedroom 33 and the first floor lounge, for example; were in need of redecoration.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> Bedroom 33 and the first floor lounge had been redecorated since the previous Estates inspection. Mr. Digney also confirmed that redecoration was ongoing in the home as required. The dining room should be given priority for redecoration. Reference should be made to requirement 1 in the attached Quality Improvement Plan.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulations 27(2)(b) 27(2)(d)</p>	<p>The fascia boards and barge boards to the roof should be reviewed and a programme of remedial works should be drawn up. The paving should also be reviewed and any remedial works required should be completed.</p> <hr/> <p><b>Action taken as confirmed during this inspection:</b> The fascia and barge boards to the roof had been reviewed and remedial works had been carried out. Mr. Digney also confirmed that further repainting to the fascia and barge boards would be carried out as required. Remedial works had been carried out to the paving. The paving should be kept under review and further remedial works should be carried out as required.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(t)</p>	<p>A risk assessment should be carried out in relation to legionella bacteria in the water systems. Reference should be made to the APPROVED CODE OF PRACTICE AND GUIDANCE L8 Legionnaires' disease the control of legionella bacteria in water systems' available from the Health and Safety Executive. The outlets that are not in frequent use should be flushed out twice each week instead of weekly.</p> <hr/> <p><b>Action taken as confirmed during this inspection:</b> A legionella bacteria risk assessment had been carried out by a specialist company in January 2014. A new cold water storage tank had also recently been installed in the roof space. Mr. Digney advised that following on from this work arrangements had been made for the chlorination of the water systems on 23 June 2015. Subsequent to this Estates inspection RQIA received confirmation from Mr. Digney that this work had been completed. The pipework to the water outlet that was not in frequent use had been removed.</p>	<p><b>Met</b></p>

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 5</b>  Regulations 27(2)(c) 27(2)(q)	In addition to the ongoing servicing, the passenger lift should be thoroughly examined every six months in accordance with the Lifting Operations and Lifting Equipment Regulations and the guidance available from the Health and Safety Executive in relation to this issue.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The most recent thorough examination of the passenger lift was completed on 29 May 2015 with no issues.	
<b>Requirement 6</b>  Regulations 14(2)(a) 14(2)(c)	A cover should be fitted to the electrical conduit box in the old kitchen on the first floor. The tree survey should be reviewed to ensure that it is still current.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The electrical conduit box in the old kitchen on the first floor was not reviewed during this Estates inspection. The completed Quality Improvement Plan returned to RQIA for the previous Estates inspection, however confirmed that this issue had been addressed. Mr. Digney confirmed that a tree survey had recently been carried out by a specialist tree maintenance company. This identified the need for only some minor pruning to one tree.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 7</b>  Regulations 14(2)(a) 14(2)(c)	The window openings should be controlled to a safe point of opening with a maximum clear opening of 100mm. The restrictors should not be easy to disengage without the use of a key or a specialist tool. Reference should be made to the recent correspondence from RQIA and the guidance available from the Health and Safety Executive in relation to this issue.	<b>Met</b>
	<b>Action taken as confirmed during this inspection:</b> The window openings were controlled. The robustness of the window controls could however be further improved. This issue should be revisited and the existing window controls should be strengthened as required. Subsequent to this Estates inspection RQIA received confirmation from Mr. Digney that this issue had been addressed.	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 8</b>  Regulation 27(4)(a)	The fire risk assessment for the home should be reviewed, updated and actioned as required. The most recent edition of Health Technical Memorandum 84 should be used as the guidance document for this review. Particular attention should be given to the need to upgrade the smoke sealing to the fire doors and the need for vision panels in the corridor doors as part of this review.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> The fire risk assessment was reviewed and updated on 24 October 2012 following the previous Estates inspection. The fire doors were not fitted with smoke seals in line with current standards. Mr. Digney advised that the smoke sealing of the fire doors was being considered as part of the ongoing improvements to the home. The need for vision panel in the corridor doors should also be considered within these improvements. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	
<b>Requirement 9</b>  Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	It is good to report that additional electro-magnetic hold open devices had been fitted in the home since the previous Estates inspection. This is to be commended. A small number of further hold open devices should be installed as required to prevent the doors to the laundry and two bedrooms on the first floor from being propped open. The top edge of the corridor door at the old kitchen should be fully smoke sealed.	<b>Partially Met</b>
	<b>Action taken as confirmed during this inspection:</b> The doors to the laundry were closed and no bedroom doors were observed to be wedged open during this Estates inspection. Further improvements should be made to the top edge of the corridor door at the old kitchen. Reference should be made to requirement 2 in the attached Quality Improvement Plan.	



**Standard 44: Premises****Is Care Safe? (Quality of Life)**

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

**Is Care Effective? (Quality of Management)**

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

**Is Care Compassionate? (Quality of Care)**

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

No issues were identified for attention during this Estates inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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**5.3 Standard 47: Safe and Healthy Working Practices****Is Care Safe? (Quality of Life)**

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

**Is Care Effective? (Quality of Management)**

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

A number of issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

**Is Care Compassionate? (Quality of Care)**

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

## Areas for Improvement

1. The record for the water temperature checks indicated that some of the results were above the current 41°C standard. The thermostatic mixing valves at these outlets should be adjusted to reduce the maximum hot water temperature to 41°C. Reference should be made to requirement 3 in the attached Quality Improvement Plan.
2. The record for the quarterly descaling, cleaning and disinfection of the showers was not reviewed during this Estates inspection. Subsequent to this Estates inspection confirmation that there are processes in place to record the quarterly descaling, cleaning and disinfection of the showers for legionella bacteria control was provided to RQIA.
3. The extract fan in the ensuite facility for bedroom 6 was not working. Subsequent to this Estates inspection RQIA received confirmation from Mr. Digney that this issue had been addressed.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Standard 48: Fire Safety

### Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

A number of issues were identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

### Is Care Effective? (Quality of Management)

The standard used by the registered persons to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

## Areas for Improvement

1. The fire detection and alarm system was inspected and serviced on 26 February 2015 and on 21 May 2015. The report for the inspection and service on 21 May 2015 indicated that a double pole switch had not been provided at the control panel. Subsequent to this Estates inspection RQIA received confirmation from Mr. Digney that this issue had been addressed.
2. The fire risk assessment should be reviewed, updated and actioned as required. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
3. A cover should be fitted to the light in the linen store at bedroom 33. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
4. The covers to some of the external emergency lights had faded over the years. Subsequent to this Estates inspection RQIA received confirmation from Mr. Digney that all exterior emergency lights had been replaced.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

No additional areas were examined during this Estates inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr. James Digney, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations 13(7) 27(2)(b) 27(2)(d)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> 16 September 2015</p>	<p>Further improvements should be carried out to the wall tiling in the shower areas and to the pipe casings at the back of the toilets. The dining room should be given priority in the redecoration programme of works.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be Completed by:</b> 16 September 2015</p>	<p>A programme of improvement works should be carried out to provide smoke sealing to the fire doors in line with current standards. The need for vision panels in the corridor doors should also be considered within these improvements. Further improvements should be made to the top edge of the corridor door at the old kitchen.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 14(2)(a) 14(2)(c) 27(2)(c)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> Ongoing</p>	<p>The thermostatic mixing valves should be adjusted as required to ensure that the blended hot water temperature at the outlets accessible to patients does not exceed 41°C at the wash basins and showers and 44°C at the baths.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>

<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Requirement 4</b>  <b>Ref:</b> Regulations 27(4)(a) 27(2)(b)  <b>Stated:</b> First Time  <b>To be Completed by:</b> 03 August 2015	The fire risk assessment should be reviewed, updated and actioned as required. A cover should be fitted to the light in the linen store at bedroom 33.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b>		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)