



The **Regulation** and
Quality Improvement
Authority

Announced Follow-up Finance Inspection

Name of Establishment:	Cairnhill
RQIA Number:	1466
Date of Inspection:	30 March 2015
Inspector's Name:	Briege Ferris
Inspection ID:	21304

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Cairnhill
Address:	39 Rathfriland Road Newry BT34 1JZ
Telephone Number:	0283026 8112
E mail Address:	cairnhillhomes@hotmail.co.uk
Registered Organisation/ Registered Provider:	Cairnhill Home 'A' Ltd
Registered Manager:	James Digney
Person in Charge of the Home at the Time of Inspection:	James Digney
Number of Registered Places:	22
Date of Previous Finance Inspection:	22 December 2014
Date and Time of Inspection:	30 March 2015 10.00 – 13.15
Name of Finance Inspector:	Briege Ferris

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a follow up finance inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

An announced finance inspection of Cairnhill was carried out by RQIA on 15 December 2014. A significant number of matters requiring action from the registered person were identified as part of the inspection. The inspection on 30 March 2015 sought to assess progress with the issues raised during and since the previous finance inspection.

1.2 Methods/Process

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

- Discussion with the registered person, registered manager and administrative staff
- Examination of records
- Evaluation and feedback

1.3 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous finance inspection on 15 December 2014 and to establish the level of compliance achieved with respect to the following theme and associated statements:

Inspection Theme: Service users' finances and property are appropriately managed and safeguarded

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of personal care and accommodation

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3: A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Statement 4: Arrangements for providing transport services are transparent and agreed in writing with the service user/their representative

The registered provider and the inspector have rated the home's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Guidance - Compliance Statements	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Cairnhill Private Nursing Home is located centrally in Newry City. Local shops, churches and community groups are located nearby.

Cairnhill Home "A" Limited is the company which owns Cairnhill Private Nursing Home and the Registered Manager is Mr James Digney. The company's responsible individual is Mr Charles Digney.

The home is registered to provide care under the following categories:

Nursing LD	Learning Disability
Nursing LD (E)	Learning Disability - over 65 years

3.0 Inspection Summary:

On 30 March 2015, the inspector initially met with the registered person and administrative staff at the offices of the organisation in Newry City Centre to review books and records. The inspector subsequently visited Cairnhill, met with the registered manager and reviewed records held at the home.

The inspector was provided with evidence to verify that there has been substantial progress in addressing the matters outlined in the Quality Improvement Plan which accompanied the inspection report from the inspection of the home on 15 December 2015.

Some actions have not been finalised, however these relate to issues which the registered person wishes to discuss and agree with the relevant HSC trusts involved in commissioning care for service users in the home. The inspector has requested that the registered person provide RQIA with a written monthly update regarding how these matters are being progressed.

Detailed findings from the inspection are detailed in Section 4 of this report.

4.0 Follow-up on Previous Issues

No	Regulation Ref	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	5 (1) (a) (b)	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user.</p> <p>Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement. A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p>	<p>The registered person advised the inspector that a sample draft agreement between the home and service users has been developed, a copy of which was provided to the inspector.</p> <p>The care for the majority of service users in the home has been commissioned by the Southern Health and Social Care (HSC) Trust (the care for one service user has been commissioned by the South Eastern HSC Trust.)</p> <p>The registered person stated that a meeting had been requested with representatives of the Southern HSC Trust to share copies of draft documents for issue to service users' representatives and to ensure that the HSC and to ensure that these draft documents are acceptable to the trust prior to issue.</p> <p>The inspector briefly reviewed the draft individual agreement and noted to the registered person that it did not completely reflect the requirements of Minimum Standard 4.2 of the DHSSPS Minimum Standards for</p>	Moving towards compliance

			<p>Nursing Homes 2008. The registered person stated that the once the draft agreement had been shared and discussed with the Southern HSC trust, the registered person would make contact with RQIA regarding the draft document in advance of rolling it out to all of the service users' representatives.</p> <p>The registered person noted that a meeting date with the Southern HSC Trust was imminent; furthermore the registered person stated that an unrelated meeting was to be held with the Southern HSC trust in May 2015, and at this meeting, the registered person hoped to discuss these matters with the HSC trust again.</p> <p>Requirement 1 is listed in the QIP in respect of this finding.</p> <p>The inspector noted that the registered person must make contact with the South Eastern HSC trust without delay to ensure that the draft documents would be shared with the trust representative in respect of the one identified service user.</p> <p>Requirement 2 is listed in the QIP in respect of this finding.</p>	
2	5 (2) (a) (b)	The registered person must provide at least 28 days written notice to each service user or their	Not applicable for this inspection.	Not applicable

		<p>representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. The service user's individual agreement must be updated accordingly.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>		
3	14 (4)	The registered person must ensure that the member of administrative staff identified during the inspection receives training in the protection of vulnerable adults at the next available opportunity to receive this training and thereafter on a regular basis.	Written evidence was provided to the inspector to verify that the relevant member of staff had received the training.	Compliant
4	22(3)	<p>The registered person must request written confirmation that a representative of the home has been authorised by a service user or their representative or care management to approach the Social Security Agency to act as 'nominated appointee' for the individual service user. This confirmation once received, must be available in the service user's records.</p> <p>The registered person must request written confirmation from the Social Security Agency to</p>	<p>Written evidence was provided to the inspector to confirm that the registered person is acting as nominated appointee for a number of identified service users. The written confirmation from the Social Security Agency was not available for one service user. The inspector requested that these details be requested without delay.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p>	Substantially compliant

		confirm for the six service users identified during the inspection, the name of the appointee and the date they were approved by the Social Security Agency. The registered person must ensure that the individual service users' agreements with the home accurately reflect these arrangements and the records to be retained.		
5	19 (2) Schedule 4 (3)	The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.	During the inspection, the registered person stated that a meeting had been requested with representatives of the Southern HSC Trust to share a draft of this document. As noted above, the registered person advised that a meeting date was imminent and that a further unrelated meeting was scheduled with the Southern HSC trust in May 2015, and at this meeting, the registered person hoped to discuss this matter with the HSC trust again. Requirement 1 is listed in the QIP in respect of this finding.	Moving towards compliance
6	19 (2) Schedule 4 (9)	The registered person must ensure that a standard ledger format is used to clearly and accurately detail transaction for patients. This format captures the following information each time an entry is made on	The inspector reviewed how transactions were being recorded at Cairnhill and noted that the date, details of the transaction, money in or out, the running balance and the	Compliant

		<p>the ledger: the date; a description of the entry; whether the entry is a lodgement or a withdrawal, the amount; the running balance of the patient's cash total held and the signatures of two persons to verify the entry in the ledger.</p> <p>The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this. If a receipt is not available for expenditure, the record should be annotated to reflect this.</p> <p>Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid must not be used.</p>	<p>signatures of two persons were being recorded for each entry. The inspector noted that the information was cramped however the registered manager advised that the full width of the book would be utilised for each transaction in future.</p>	
7	19 (2) Schedule 4 (9)	<p>Where a purchase is made on behalf of a service user or where a member of staff supports a service user to spend their own money and a receipt is not available for the purchase; the service user's financial records should reference that no receipt was available. The registered manager should ensure that these instances are in exceptional circumstances only. Arrangements should exist to ensure that patterns of staff failing to return a receipt for expenditure made while supporting a service user outside of the home are identified in a timely manner and investigated accordingly. Staff</p>	<p>The registered person advised that the home had implemented this requirement and had advised staff accordingly. The registered person advised that in respect of obtaining receipts for small purchases, the organisation had decided that rather than seek receipts for items or services obtained locally (where receipts may not routinely be provided) the organisation will pay for these items from its petty cash.</p>	Compliant

		<p>should be advised of the importance of returning receipts in all but exceptional circumstances. The home's policy and procedure on "handling of residents' finances" should be updated to reflect new practice for staff in the home.</p>		
8	14 (4)	<p>The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.</p>	<p>The inspector noted that this was now clearly expressed in the home's relevant finance policy and procedure and that the relevant staff had been advised.</p>	Compliant
9	18 (2) (c)	<p>The registered person must ensure that a full review of expenditure on items which fall under Regulation 18 (2) (c) is carried out for all service users, whether former or current. The review must cover the period of at least six years from the date of the last entry.</p> <p>A repayment of any inappropriate charges identified must be made to service users or their representatives.</p> <p>The registered person must ensure that if a service user or their representative wish to purchase specific items from the service user's personal monies which include any of the items included in Regulation 18 (2) (c), the registered person must ensure that the service user's records provide evidence of discussion and agreement with the service user or their representative and their HSC trust care manager.</p>	<p>The inspector was provided with written evidence to identify that repayments of the relevant amounts had been made.</p>	Compliant

10	19 (2) Schedule 4 (9)	The registered person must ensure that the treatment records for hairdressing and podiatry services provided are signed by both the person providing the treatment and a member of staff at the home to verify the treatment received and the associated cost to each service user.	The inspector noted that a template was in place to secure of the require details. On the day of inspection, the registered manager advised that the hairdresser had not visited the home since the new template had been introduced.	Compliant
11	19 (2) Schedule 4 (9)	The registered person is required to ensure that a written "safe book/register" is introduced to record any items held within the safe place. This should record anything held within the safe place including items deposited for safekeeping on behalf of service users. Should any item be deposited for safekeeping, the record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the service user or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.	The inspector noted that a book was in place at the home to act as the home's safe register. The inspector reviewed the book and noted that one entry had been made which captured the date and time, the details of the cash balance belonging to service users at that date and that the entry had been signed and dated by the registered manager and another member of staff.	Compliant
12	19 (2) Schedule 4 (10)	The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home. All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The	The registered person advised that this matter had not yet been addressed. The inspector and the registered person discussed this matter and it was clarified that items purchased for service users via the administrative office (paid for by card/cheque) were not added to the service users' inventory records. The registered person acknowledged that this matter was not finalised but that it would be actioned without delay.	Moving towards compliance

		registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.	Requirement 4 is listed in the QIP in respect of this finding.	
13	12 (1) (a) (b)	<p>The registered person is required to ensure that a transport policy and procedure and charging system is developed which reflects the principle that charges made to service users for transport reflect actual individual usage.</p> <p>The registered person must consult with the HSC trusts involved in commissioning care for service users in the home regarding any proposed changes to the provision of transport to individual service users.</p>	<p>Prior to the inspection, the registered person provided a draft copy of the home's proposed transport policy and individual agreement to RQIA. RQIA provided feedback to the registered person accordingly.</p> <p>During the inspection, the registered person stated that a meeting had been requested with representatives of the Southern HSC Trust to share draft copies of these documents.</p> <p>As noted above, the registered person advised that a meeting date was imminent and that a further unrelated meeting was scheduled with the Southern HSC Trust in May 2015, and at this meeting, the registered person hoped to discuss this matter with the HSC trust again.</p> <p>The inspector noted that the registered person must make contact with the South Eastern HSC Trust without delay to ensure that the draft documents would be shared with the trust representative in respect of the one identified service user.</p>	Substantially compliant

			Requirement 1 is listed in the QIP in respect of this finding.	
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5.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Charles Digney and Mr James Digney as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Briege Ferris
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



QUALITY IMPROVEMENT PLAN

ANNOUNCED FINANCE INSPECTION

CAIRNHILL

30 MARCH 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Charles Digney and Mr James Digney during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(s)	Timescale
1	5 (1) (a) (b) 19 (2) Sch 4 (3) 12 (1) (a) (b)	The registered person is required to provide RQIA with a written update on progress regarding engagement with the relevant HSC trusts in respect of draft documents for discussion with the HSC trusts including: individual service user agreements; personal spending authorisation forms and the home's draft policy transport provision by the home.	Once	Trust contacted, meeting requested. Trust confirmed they will arrange meeting - awaiting a date.	One month: 30 April 2015 and monthly thereafter
2	5 (1) (a) (b) 12 (1) (a) (b)	The registered person is required to ensure that there is engagement with the South Eastern Trust in respect of sharing draft documents and policies and procedures with respect to the one identified service user.	Once	Written to South Eastern Trust, awaiting a reply.	One week: 6 April 2015
3	19 (2) Schedule 4 (3)	The registered person is required to ensure that confirmation of the appointee details for the one identified service user are sought in writing from the Social Security Agency.	Twice	See attached document	One week: 6 April 2015
4	19 (2) Schedule 4 (10)	The registered person is required to ensure that The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered	Twice	Completed	One month: 30 April 2015

		<p>person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home. All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>			
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	James Digney
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Charles Digney

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			14/05/15
B.	Further information requested from provider				