<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cairn Hill Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000019</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Westminster Road, Foxrock, Dublin 18.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 289 6885</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@cairnhill.ie">info@cairnhill.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>BRD Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Brian McMahon</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Ann Paterson</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
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<tr>
<td>Support inspector(s):</td>
<td>Deirdre Byrne;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents</td>
<td>40</td>
</tr>
<tr>
<td>Number of vacancies</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
10 June 2014 09:30 10 June 2014 18:30
11 June 2014 08:00 11 June 2014 02:30

The table below sets out the outcomes that were inspected against on this inspection.

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Summary of findings from this inspection
This was an announced inspection which took place over two days and was for the purpose of informing an application to renew the registration of Cairn Hill Nursing Home. The provider had applied for registration for 42 places. This report sets out the findings of the inspection.

Overall, inspectors found that the provider met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland to a good standard. Improvements had been made since the previous monitoring inspection in 2012, and the thematic
inspection which focused on food and nutrition, and end of life care in November 2013. Residents were seen to be receiving a good quality of health and social care in surroundings that were well maintained. Meal times and activities were seen to be positive aspects of everyday life in the centre.

The provider is BRD Nursing Home Ltd. There is a management team in place, which is lead by the provider nominee. The person in charge and director of nursing is supported in her role by general manager and clinical nurse manager.

Inspectors observed practices, reviewed documentation such as care plans, medical records, policies and procedures, and spoke with residents and relatives.

Inspectors found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a good standard. Meals and mealtimes were seen to be a positive experience, and there was a wide range of activities available during the day for all residents. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Areas for improvement identified included, records of belongings, some details on some elements of some care plans, some detail on medication records, and storage of equipments.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.
Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**

Leadership, Governance and Management

**Findings:**

There was a statement of purpose in place that met the requirements of the regulations. Inspectors read the document and it was seen to set out the services and facilities provided, and the aims objectives and ethos of the service. It also included all of the information required by schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). For example the names and address of the provider and the person in charge, and their experience.

The document was kept under review and had recently been updated to fully reflect all the rooms in the centre. Inspectors observed that the information reflected the service that was provided in the centre.

**Judgement:**

Compliant

**Outcome 02: Contract for the Provision of Services**

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**

Leadership, Governance and Management

**Findings:**

Residents were provided with a contract that set out the services to be provided. Inspectors read a sample of contracts and saw they had been agreed and signed within one month of admission to the service. The contract dealt with the care and welfare of the residents in the centre. It did state how the fee was made up and services that were included as part of the fee. Costs for other services, such as hairdressing, were displayed in the centre.
Judgement:
Compliant

**Outcome 03: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Findings:**
The designated centre is managed by a suitably qualified and experienced nurse with the authority, accountability and responsibility for the provision of the services.

The person in charge worked full time in the centre, and maintained her professional development and had completed recent training in end of life care. Her curriculum vitae (CV) was included in the statement of purpose and this showed evidence of experience of nursing in a range of settings, this included over three years experience in the area of nursing of the older person.

Through the course of the inspection the person in charge demonstrated good clinical knowledge across the needs of the residents, and a good knowledge of the legislation and their statutory responsibilities, for example what action to take in the event of an emergency, or if there was an outbreak of infection. She was involved in the governance, operational management and administration of the centre. This included attending monthly provider meetings, leading regular staff meetings, completing staff appraisals, and weekly policy review sessions where staff met to go through a selected policy in detail.

The person in charge had worked in the service for a number of years. Although she had recently been working in another centre part time, run by the registered provider, she was returning to working full time at Cairn Hill at the time of the inspection. The residents spoken to were all familiar with who the person in charge was.

Judgement:
Compliant

**Outcome 04: Records and documentation to be kept at a designated centre**
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
**Theme:**
Leadership, Governance and Management

**Findings:**
Inspectors found that there were systems in place to maintain complete and accurate records. They were found to be complete and well organised which supported ease of access to information.

Inspectors read the residents guide, and it contained all the elements required by the regulations. A copy was available in every room, and some residents commented they had found it interesting to read. It included a summary of the statement of purpose and a summary of the complaints procedure.

Written operational policies were in place to inform practice and to guide staff. Staff spoken with were knowledgeable about the procedures in the centre, and these were seen to be put in practice on the day of the inspection. The person in charge held weekly policy sessions where they focused on one of the policies to ensure staff remained up to date.

Inspectors observed that medical records and all other records, relating to residents and staff, were maintained in a secure manner. Storage was in place to maintain all records relating to the service for 7 years, as required by the regulation. This was seen to be organised and secure.

Insurance was in place and included the elements required by the regulations.

Inspectors read reports from other authorities, for example food safety. Any actions noted in the reports were seen to have been acted on and resolved by the provider.

**Judgement:**
Compliant

**Outcome 05: Absence of the person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

**Findings:**
The person in charge had not been absent from the centre for a period of time that required notification to the Chief Inspector, but they were aware of the need to do so if they were to be absent from post for 28 days or more. The provider had appropriate contingency plans in place to manage any such absence.
### Outcome 06: Safeguarding and Safety

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**  
Safe Care and Support

**Findings:**  
Inspectors found that measures were in place to protect residents and to respond to allegations of abuse.

There were two policies in place, ‘responding to allegations of abuse’ and ‘protection of residents from abuse’. They covered prevention, detection and the response to abuse. They provided sufficient detail and would guide staff. Staff spoken to said they had received training, and records confirmed this. They were knowledgeable about what constituted abuse, and what action to take if the witnessed, suspected or had abuse disclosed to them.

No allegations had been made, however the person in charge and the CNM were knowledgeable about the action they would need to take.

All residents spoken with said they felt safe and secure in the centre, and found the staff kind and supportive.

Inspectors reviewed the systems in place to safeguard resident’s money and found them to be robust. Records were clear, and monies checked corresponded with the records.

**Judgement:**  
Compliant

### Outcome 07: Health and Safety and Risk Management

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Safe Care and Support

**Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Procedures were in place to promote the health and safety of residents, staff and visitors, and there were systems in place to identify and manage risk.
There was a comprehensive health and safety statement for the centre which was updated in June 2014 and it related to the health and safety of residents, staff and visitors.

A very detailed risk management policy was in place which included risks associated with violence and aggression, self-harm and accidental injuries to residents and staff and residents going missing. Inspectors read the procedures that were in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents which provided clear guidance for staff. Evidence was seen of changes to practice following reviews of incidents and accidents.

There was a risk register in place, which had been reviewed in May 2014. The documentation set out potential hazards, current controls, risk level, and additional controls. As an example, the topic of absconding from the premises had been identified as an ‘intolerable risk’ and so action was taken to reduce the risk. The solutions were seen to be in place during the inspection, and include a door alarm. Measures were seen to be in place through the centre to reduce risk, such as hand rails, ramps, and a lift all to support mobilising round the building which was split over 5 levels. There were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection.

The risk assessment record included reviews of a number of areas including falls, pressure areas, nutrition, and smoking. It also included all the residents in the centre who were using bed rails.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. There were clear directions on what action to take if there was an emergency, and protocol had been agreed with a number of other providers of nursing homes in the local area, in order to provide support and accommodation to each other should the need arise. Staff spoken to were aware of the emergency plan.

Inspectors identified that there were measures in place to control and prevent infection. There were hand sanitizers, aprons and gloves available through the centre, and staff were seen to be using them. Staff had received training in infection control and were knowledgeable about the way they needed to work, including the cleaning staff. Audits were carried out to ensure compliance with local policies.

Inspectors observed the premises and reviewed records finding that satisfactory fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed.

Inspectors read the training records which confirmed that all staff had attended training within the last year. Regular fire drills were conducted including evacuation procedures, and the records showed that they were at least 6 monthly. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire. One resident smoked, and they were seen to follow the guidelines put in place to ensure their safety, including
wearing a flame retardant jacket. Fire blankets and extinguishers were placed near the exit where the resident smoked.

**Judgement:**
Compliant

### Outcome 08: Medication Management

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Findings:**
Inspectors were satisfied that each resident was protected by the designated centre's written policies and procedures for medication management. However some details on the prescription sheet needed to be clearer in relation to 'crushing medication' and 'as required' (PRN) medication.

A comprehensive policy was in place which guided practice. It included storage, safe administration (including controlled drugs), disposal and reporting of errors. Written evidence was available that three-monthly reviews were carried out. Inspectors read completed prescription and administration records for a number of residents and saw that in the most part they followed best practice guidelines. However, the maximum dose of ‘as required’ (PRN) medication was not recorded for all medication, and where medication was to be crushed it was signed for once on the sheet, and not for each individual medication.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift, one from the shift going off, and one from the shift coming on. Inspectors checked the balance of a sample of medication and found them to be correct.

Nurses spoken to demonstrated good knowledge of the procedures and practices in the centre for the administration and management of medication, and observations by the inspector showed that they were followed in practice. Inspectors saw the system for return of medication to the pharmacy being carried out, and how this was documented. Training in medication administration had been undertaken by nursing staff.

At the time of the inspection no residents were self administering their medication. There was a policy and procedure in place for this should people wish to manage their own medication, and there were locked drawers in each room for safe storage.

Medication audits were completed by the pharmacist to identify areas for improvement and there was documentary evidence to support this. Actions had been taken to improve practice where issues were identified. Partly informed by this the centre had
changed to a different type of medication management system, and the nursing staff reported it was very effective way of ensuring residents got their correct medication.

**Judgement:**
Non Compliant - Minor

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**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Care and Support

**Findings:**
The person in charge and the registered provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Inspectors reviewed the records in the centre and they showed that all incidents and accidents had been notified to the Authority in line with the regulations.

A quarterly report had been provided to notify of incidents that did not involve an injury to residents. This was submitted on time.

**Judgement:**
Compliant

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**Outcome 10: Reviewing and improving the quality and safety of care**
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

**Theme:**
Effective Care and Support

**Findings:**
The quality of care and experience of the residents was monitored and developed on an ongoing basis.

The provider had put systems in place to gather and audit information on all care issues. They employed an independent auditor who visited the centre periodically and spot checked care and medication records and did building checks.

The person in charge also had systems in place to monitor areas such as pressure care, nutrition and hydration and the use of restraint. Records were kept of access to allied professionals to ensure people received support from professionals if their needs changed, for example the dietician and speech and language therapist.
There were regular residents meetings where issues relating to the centre were discussed, and the meeting always opened with an update on any agreed actions from the previous meeting. Relatives were invited to join the meeting if they wished, and minutes were displayed on a notice board in the main corridor. A resident survey was ready to be passed out to gain their views on aspects of the service such as the quality of care, staffing levels, environment and meals and mealtimes.

The results of the audits were discussed at the monthly management meetings where areas for improvement were identified and action plans were developed and reviewed at regular intervals.

Judgement:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors were satisfied that residents healthcare needs were met to a good standard and were supported by nurses who were knowledgeable about their health and care needs. There were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. However, some improvement needed in elements of the care planning process and aspects of the health plans.

Residents had timely access to GP services. Evidence was seen of a range of other services was available on referral, in line with individual residents assessed needs, for example this included speech and language therapy (SALT), physiotherapy and dietetic services. Chiropody, dental and optical services were also provided. Inspectors reviewed residents’ records and found that residents had been referred to these services and results of appointments were typed up in the residents’ notes.

Inspectors reviewed a sample of residents’ files and noted that there were care plans, nursing assessment and additional clinical risk assessments carried out for residents, nutrition assessments, weight loss risk assessments and risk of pressure ares and falls.
Overall care plans had improved since the previous inspection. There was evidence that they were being updated every 3 months, or as needs changed, however some were not detailed enough to guide practice, for example some of the plans seen by the inspector for oral care, bed rails and nutrition were not fully detailed. Nursing staff worked on the nutrition and oral care plans as soon as the lack of detail was identified by inspectors. Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised, and updated following any falls. However there were inconsistent practices around post falls procedures, for example the recording of neurological observations did not provide evidence that the centre’s policy was being fully implemented. There was good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained.

Inspectors found that there were policies and procedures in place to guide the use of restraint. The restraint register was reviewed weekly. There was an evidence-based policy in place however, it was not sufficiently detailed enough to guide practice, as it did not include the types of physical restrain that could be used in the centre. Assessments were in place for some types or restraint including details of alternatives tried and a care plan, but not for all, for example lap belts.

There was a clear policy in place around wound care. Residents were assessed for risk of pressure areas, and care plans were developed where risk was identified. Pressure mattress settings were recorded on files, and were assessed monthly. For residents who did have wounds, care plans were seen to be in place and good practice of wound charts and photography of wounds were in place to record the progress of the healing. Staff spoken with were knowledgeable of the strategies to be taken to prevent pressure ulcers.

At the time of the inspection there were no residents assessed as having behaviour that challenges, however staff were familiar with the processes in the centre for managing this, and there was access to psychiatry services if needed.

All residents had an assessment in place for meaningful activity. This included likes, dislikes and interests. There was an activity coordinator in post, covering 5 days, who facilitated a wide range of activities. The programme of activities was displayed in the centre, and residents spoken with were clear of the range of activities available. Activities included exercises to music, reminiscence, art groups, hand massage, pet therapy, and singers. The hairdresser was available in the centre on a regular basis. Many of the residents spoke positively of the activities available, particularly the recent gardening group, and visits out to theatres. The centre had access to a minibus which was wheelchair accessible. For those residents assessed as having maximum dependency there were care plans in place to focus on their ability to engage, for example hand massage, Sonas music, and one-to-one interaction with staff.

**Judgement:**
Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre was well maintained internally and externally. It was kept clean and was suitably decorated. However, storage remained an issue, and there was one multi occupancy room that will not meet the requirements of the Authorities standards by 2015.

There were 31 single rooms in the centre, and four twin rooms. Eight of these had en suite toilet and wash-hand basin while the remainder had an en-suite shower, toilet and wash-hand basin. Inspectors visited a number of the rooms which were seen to be well presented, and the size and layout was suitable for individuals needs. There was one triple room, where three residents were spending significant periods of time due to their needs. Privacy was seen to be respected as far as the accommodation allowed. Residents spoken to during the inspection were positive about their accommodation. The provider showed draft plans to alter the configuration of the triple room to meet the requirement of the Authorities standards.

There was screening available in shared rooms to promote privacy and dignity, and inspectors observed that this was used regularly. Inspectors observed that all areas of the centre were homely in their appearance, providing areas for residents to sit with others in lounge areas or, or in quieter areas such as the conservatory or landing areas. There was a high standard of cleanliness and hygiene was maintained in the centre. Cleaning staff were seen to be thoughtful about how they worked, waiting for people to leave their rooms before cleaning. Inspectors spoke to cleaners about infection control, and they confirmed they had received training on how to perform their duties and meet the necessary standards of infection control. There were two sluices available in the centre.

There was a functioning call bell system in place and it was in easy reach of those spending time in their rooms. Over the 2 days in the centre inspectors observed it was responded to promptly. Residents confirmed they did not have to wait long for staff when they used the system in the day and night.

The centre is a 2 storey building with five levels. All levels were serviced by a lift. Equipment in the centre met the needs of the residents, for example hoists, seating, specialised beds and mattresses. Inspectors reviewed the service records which were
seen to be up to date.

There was a secure garden at the back of the centre with a safe walkway, and accessible ramp so all residents were able to access it. Residents were seen to be using the garden either alone or with relatives. Those spoken to said they enjoyed it very much, and felt it was very well maintained.

The layout of the centre was seen to promote residents dignity and independence of movement in the service.

No separate kitchen area was available for residents to prepare their own food and drinks, but residents confirmed to inspectors they had access to food and drink as they needed. One resident did have a fridge in his room for storage of cold drinks and snacks.

Storage continued to be an issue for the centre, as identified in the last inspection report, and equipment such as hoists was seen to be stored in bathrooms and in stair wells.

The provider talked to inspectors about plans to renovate the centre in order to become compliant with this regulation, this included plans to add more storage.

**Judgement:**
Non Compliant - Minor

**Outcome 13: Complaints procedures**
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**
Person-centred care and support

**Findings:**

There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process. However, there was no record of the concerns and issues that residents may raise as part of day to day activities.

Inspectors found that the centres complaints procedure was displayed in a prominent place and it included the name of the independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint. There was an easy read version of the policy displayed around the centre.

Residents spoken with during the inspection were very clear who to speak to if they had a complaint. Staff were also clear about their role if a resident made a complaint directly to them.
Inspectors reviewed the complaints log that was used to record complaints from residents and relatives and found that there were adequate records maintained of complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

The policy stated that all feedback including verbal feedback, would be recorded in the online care plan system, however no records of this type of feedback were seen. During the inspection and in questionnaire submitted by residents and relatives to the Health Information and Quality Authority, a small amount of comments were made about small issues such as laundry, or food. With no record of these smaller issues it was not possible to identify if there were any themes to this feedback, and therefore whether any improvements to practice were needed.

Judgement:
Non Compliant - Minor

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Findings:
The inspector found that residents received a good standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for the resident. Improvements had been made since the last inspection; however some ongoing improvement was required.

There was a policy on end of life which was centre specific and provided helpful guidance to staff. Staff members were knowledgeable about this information. The person in charge facilitated regular discussion and learning sessions on the policy the most recent of which was held in September 2013 and was followed by an oral test.

There was no one in the centre who was receiving ‘end of life’ care during the inspection, but those with complex care needs were receiving care and support, including social interaction, in line with their identified needs.

Inspectors reviewed the care plans for a number of residents in relation to end-of-life care planning. Care plans had been developed for those who required them and some useful information was provided. However, improvement was needed as the care plans had not been consistently completed, and residents’ preferences regarding, for example, preferred place of death was not always recorded and the assessment and documentation of spiritual, religious and emotional needs was not fully always complete.

There was recorded evidence of resident and family involvement in the assessments and care plan reviews. All decisions concerning future healthcare interventions and resident's
preferences with regard to transfer to hospital were clearly documented in the medical notes following multi-disciplinary consultation.

Most of the bedrooms in the centre were single. At the time of the inspection there were no single rooms available should a resident in a double or the triple room want to move to a single room.

There were good facilities to support family members to stay overnight, which included separate bedroom and shower facilities.

Records showed that palliative care services were available to residents, and staff reported that they had been very supportive when used in the past.

Residents’ cultural and religious needs were supported. Mass took place in the centre every week for Roman Catholic residents and there was a weekly “sacrament of the sick” service and daily communion. Other religious ministers were welcomed and visited as appropriate.

The person in charge had a bereavement booklet which was distributed to families following the death of a loved one that provided useful information including details of how to register a death and details of professional support services available. Examples were given of residents being laid out in the centre, to leave to their funerals. The person in charge explained they supported this where it was the wish of the resident and their family.

Inspectors spoke with relatives of a former resident who were very positive about the care and support provided by the staff in the centre.

**Judgement:**
Non Compliant - Minor

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**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

**Theme:**
Person-centred care and support

**Findings:**
Residents were provided with food and drink in sufficient quantities to meet their needs.

There was a policy on monitoring and documentation of nutritional intake that gave clear guidance to staff. The inspector observed that it was being implemented in practice. For example assessing residents nutritional status on admission and then reviewing at least every three months or more often if needed.
Inspectors found that weight records showed that residents’ weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic and SALT speech and language review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Inspectors spent some time in the dining rooms during lunch time and found that the dining experience was a very pleasant with a strong focus on providing a high quality dining experience. It was not rushed and was seen to be a social occasion. The rooms was well presented, and tables were laid out with cutlery, napkins, flowers and a menu. Residents were seen to enjoy a wide choice of meals with their meal, including tea, water, juices, and some had glass of wine or sherry with their meal. Some residents ate in different parts of the centre, including the conservatory, lounges or their rooms.

Residents who needed their food served in an altered consistency such as pureed had the same choice of menu options as others. Staff were seen assisting residents discreetly and respectfully as required. A range of equipment was available to support people to remain as independent as possible, for example ergonomic cutlery. Staff had all received training in nutrition including the importance of seating position.

Inspectors noted that all meals were well presented and residents all gave very positive feedback about the meals, and the choice offered.

Inspectors saw residents being offered a variety of drinks and snacks throughout the day and fresh water was available at all times. Residents commented that they were able to receive meals and snacks of their choice, and if they didn’t like what was on offer they were always offered a range of other options. There were no facilities for residents to prepare their own meals, but everyone spoken to felt if they wanted something they would just ask. One resident had a fridge in their room and made snacks for themselves.

Since the last inspection the time of meals had been changed. This had been well received by most residents, and feedback in the most recent resident meeting was positive.

Inspectors met with the chef who was knowledgeable about the assessed needs of the residents, and their likes and dislikes. A 4 week menu was being followed and this had been seen by the dietician. The kitchen was well maintained, and storage was sufficient for the needs of the centre.

Judgement:
Compliant
**Outcome 16: Residents Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors were satisfied that staff treated residents with privacy and dignity, encouraged independence and consulted with them on the running of the centre.

Inspectors observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged. Relatives spoken to were very positive about how welcome they were made to feel when visiting the centre.

There was a residents meeting held every 3 months. The minutes showed that issues identified were responded to by the person in charge, and the following meeting discussed any actions that had been taken following the feedback. At the last meeting residents had said they would like to be involved in gardening, and so a group had worked on planting some flowers and vegetables, which residents enjoyed pointing out to inspectors.

Residents said they had opportunities to discuss issues as they arose with the provider, person in charge or any staff members, and felt they would be listened to.

There were a range of activities available in the centre, but residents confirmed they were able to choose how to spend their time, sometimes joining the activities, but spending times in other parts of the centre if they did not wish to join. Inspectors observed staff working from a person centered approach, for example, while working in the lounge areas staff spoke to residents about family and preferred activities, and engaged in games such as trivia quizzes, all to encourage good memory and recall.

Inspectors noted that televisions had been provided in residents’ bedrooms, and telephones where people wanted them.

**Judgement:**
Compliant
**Outcome 17: Residents clothing and personal property and possessions**
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Inspectors found that adequate provision had been made for the management of resident’s personal possessions, however the list of residents possessions was not kept up to date.

Inspectors noted that there was sufficient storage space in the bedrooms for residents which included a wardrobe and a bedside locker, with lockable drawer. Residents felt they had space for their possessions, and had personalised their rooms with pictures and ornaments. It was noted that the list of residents possessions were not being kept up to date when new belongings were brought in to the centre.

The laundry was well maintained with equipment needed to meet the needs of the residents, for example washing machines with high temperature settings. The person responsible for doing washing was knowledgeable about how to do their job, and confirmed they had completed mandatory training, including infection control.

Generally residents were satisfied with the standard of laundry in the home, however there was some feedback about a small number of missing items. This is covered under outcome 13, complaints

**Judgement:**
Non Compliant - Minor

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
Inspectors observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. Residents knew all the staff as they had worked in the service for some time. The number of staff working on the day of the inspection was seen to meet the assessed needs of the residents, and the layout of the building. The rota showed, and staff confirmed there was always a nurse on duty.

The residents spoken with confirmed that staff were supportive and knew their needs well.

Staff informed the inspector, and records confirmed that they had up to date mandatory training, such as fire training and manual handling. They had also done specialist training such as palliative care and nutrition which reflected current evidence based practice. They were familiar with the regulations and standards, and were clear on the purpose of the inspection.

Staff files reviewed contained all the required documents as outlines in schedule 2, which was evidence of a robust recruitment process. This included references, a garda vetting check and their full work history. This was also carried out as required for volunteers. For nursing staff, up to date professional body registration information was in place.

All staff received an annual appraisal from the person in charge. This included areas where the staff member had done well, areas for further development and identification of training needs. There was a support system in place for staff on a daily basis, from the person in charge, assistant person in charge, nurse in charge, and senior care assistant. Staff meetings were held regularly, providing support to staff and giving them the opportunity to voice any concerns. The person in charge was keen to promote an open door policy, and staff confirmed they were able to speak to senior staff if the needed.

**Judgement:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cairn Hill Nursing Home</th>
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<tr>
<td>Centre ID:</td>
<td>ORG-0000019</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10/06/2014</td>
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<tr>
<td>Date of response:</td>
<td>07/08/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 08: Medication Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The prescription record sheet needed to be clearer about the maximum dose for all 'as required' medication, and for those specific medications a GP had approved to be crushed.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
1. Prescription recording sheets have been amended to include all PRN medication maximum dose in 24 hours, in particular liquid medication. Effective Immediately
2. This has been discussed with the GPs, Pharmacy department and Nursing Staff. Effective Immediately
3. Recording Charts for the Crushing of Medication have been amended to include all medication individually and if it can be crushed or not. Effective Immediately
4. This has been discussed with the GPs, Pharmacy and all Nursing Staff. Effective Immediately
5. The Medication Policy will be changed to incorporate the above amendments. The Medication Policy will be updated by 1st September 2014

Proposed Timescale: 01/09/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all areas of restraint were covered in the policies and procedures in place in the centre.

Action Required:
Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

Please state the actions you have taken or are planning to take:
The areas of restraint not covered in the Restraint Policy and Procedure have now been amended to include,
1. lap belts on wheelchairs
2. electronic tag for residents who may wander
3. Alarm mats when residents step out of bed.
4. All staff will be been informed of the changes to the policy, and it will be included in the weekly policy discussion. The restraint Policy will be amended to include the above 1, 2, and 3. By 1st September 2014
5. Restraint Register commenced in July.
6. Monthly Audit of Restraint Register to ensure compliance and in preparation for new quarterly returns to HIQA

1-3 All staff will be informed of the inclusions to the restraint policy when complete in September 2014.
4 The restraint Policy will be amended to include the above 1, 2, and 3. By 1st September 2014
5 On completion the restraint Policy will be included in the weekly policy discussion during the month of September 2014
6 Monthly Audit of Restraint Register commenced July 2014

**Proposed Timescale:** 01/09/2014

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Elements of some care plans were not sufficiently detailed to guide practice in the areas of oral care, bed rail assessments, nutrition assessments and/or post falls procedures.

**Action Required:**
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

**Please state the actions you have taken or are planning to take:**
1. Care plans identified with the above deficits were rectified immediately. Immediate
2. All Nursing and Care staff have been further reminded about the importance of accurate and updating care plans. Immediate
3. Weekly Audits are now in place to ensure care plans are updated. Immediate
4. All Staff Nurses will undergo e-learning regarding nutrition, and be certified in same. Will be completed by September 2014
5. All Staff Nurses have been reminded of the requirement to commence a “Head Injury” chart for all unwitnessed falls, this will be audited each time by the DoN when reviewing the incidents. Immediate

**Proposed Timescale:** 30/09/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre did not have sufficient storage for the equipment used.

**Action Required:**
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

**Please state the actions you have taken or are planning to take:**
The Nursing Home has current Architectural Refurbishment Plans (shown to the Inspectors on the days of the Inspection) which include extension of the existing property to include adequate equipment storage. Commencement Date has not been outlined as yet but it is proposed to commence 2014, and completion 2015.
### Outcome 13: Complaints procedures

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Verbal comments on the quality of care were not recorded, in line with the centre's policy.

**Action Required:**
Under Regulation 39 (9) you are required to: Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a residents individual care plan.

**Please state the actions you have taken or are planning to take:**
1. A New Template to record Verbal comments/concerns has been written by the DoN and incorporated on to the Epicare Database to capture the above. Immediately
2. The Complaints Policy has been updated to reflect the inclusion. Immediately

**Proposed Timescale:** 07/08/2014

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### Outcome 17: Residents clothing and personal property and possessions

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The record of residents personal property did not reflect what they had at the centre.

**Action Required:**
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

**Please state the actions you have taken or are planning to take:**
1. A personal Property List is commenced on Resident Admission. Immediate and ongoing
2. Any items of value, equipment or clothing will be added to the list as it is brought in to the Nursing Home. Immediate and ongoing
3. A Template for adding to the initial residents property list has been created
4. This will be updated on Epicare

**Proposed Timescale:** 07/08/2014