<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cairn Hill Nursing Home Bray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000755</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Herbert Road, Bray, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 201 4699</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>
</tr>
<tr>
<td>Registered provider:</td>
<td>McMahon Healthcare Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>93</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 08 October 2018 11:00
To: 08 October 2018 18:00
09 October 2018 09:30
To: 09 October 2018 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre’s rating and the inspector's rating for each outcome.

The inspector met with residents, relatives, and staff members during the inspection.
The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Cairn Hill nursing home provides residential care for 93 people. Approximately 40% of residents have dementia. The location, design and layout of the centre were suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way, and promoted a dementia-friendly environment.

The inspector noted that extensive work had been undertaken within the centre to monitor compliance with the standards, and quality improvement initiatives relating to dementia care, had been put in place as required. These improvements were evident during the inspection.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken on admission, and care plans were in place to meet their assessed needs.

Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The use of restrictive practices was in line with national guidelines. There was appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff were offered a range of training opportunities, including a range of dementia specific training courses.

Safe and appropriate levels of supervision were in place to maintain residents’ safety. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

Some improvement was required to ensure consistent meaningful engagement by staff. The inspector saw many examples of good practices in relation to maintaining residents' privacy and dignity but improvements were also identified.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care.

Samples of clinical documentation including nursing and resident records, were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge or the assistant director of nursing, who looked at both the health and social needs of the potential resident. A care plan was developed within 48 hours of admission based on the resident’s assessed needs.

Comprehensive assessments were carried out and care plans developed in line with residents’ changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, cognitive impairments and skin integrity. A dementia specific pain assessment tool was also in use.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process.

The inspector reviewed the management of clinical issues such as nutritional care, wound care and dementia care and found they were well managed and guided by robust policies.

The inspector found that, at the time of inspection, residents were protected by safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

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. The inspector checked a sample of balances and found them to be correct. A locked medication fridge was provided on each floor, and temperatures which were...
monitored daily, were within acceptable limits at the time of inspection.

There were systems in place to ensure residents’ nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Nutritional care plans were in place that detailed residents’ individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. The inspector also noted that individual preferences and habits around mealtimes were recorded.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. One element of mealtimes required improvement but this is discussed under Outcome 3.

The chef on duty discussed the special dietary requirements of individual residents and information on residents’ dietary needs and preferences.

The inspector saw that caring for a resident at end of life was regarded as an integral part of the care service provided. In the sample of care plans reviewed, there was documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. Advice and support was provided by the local palliative care team if required. Meals and refreshments were available to families and overnight facilities were also available within the centre.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including dietetic, speech and language, and occupational therapy (OT) services. A physiotherapist and a physiotherapy assistant were employed full-time in the centre and provided both group and individual sessions for residents. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes.

**Judgment:**
Compliant

---

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that measures were in place to protect residents from being
harmed or abused.

Staff had received training on safeguarding and identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all staff spoken with were clear on reporting procedures.

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Detailed assessment and treatment plans were in place. Staff had attended extensive training. Support and advice were available from the psychiatric services if needed. During the inspection, staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The inspector found that the overall use of restraint remained low, and additional equipment such as low beds had been purchased to provide less restrictive alternatives. Detailed assessments were completed, adequate guidance was outlined in care plans, and safety checks were carried out when restraint was in use.

The provider was not a pension agent for any resident but was aware of the procedure should it be necessary. Pocket monies were being managed for some residents. The inspector checked a sample of balances and found them to be correct. Documentation such as signed receipts and details of each transaction were maintained.

**Judgment:**
Compliant

---

**Outcome 03: Residents' Rights, Dignity and Consultation**

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

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

**Findings:**
The inspector was satisfied that residents were consulted on the organisation of the centre. Some improvement was required to ensure that residents' right to privacy was consistently upheld as the inspector heard two staff members discussing a resident's condition in the company of other residents. In addition, some improvement was required to ensure that more interactions with residents resulted in positive connective care.
As part of the inspection, the inspector spent a period of time observing staff interactions with residents living with dementia. The observations took place in the day rooms and dining rooms. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 54% of interactions demonstrated positive connective care, 25% reflected task orientated care while 17% indicated neutral care. Importantly, 4% indicated institutional type care. This 4% resulted from a lack of conversation with residents during a meal time, not offering condiments at that meal, and leaving clothes protectors on when not required. These results were discussed in detail with the management team at the end of inspection as there were missed opportunities for positive care.

The inspector noted that four full-time and some part-time activities coordinators were employed. Activities were therefore available all day, seven days a week, on each floor. The activity coordinators were very committed to meeting the needs of the residents. 'A key to me' was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. A range of dementia appropriate activities were available and a programme of activities was on display on each floor. This included music, games, crafts, prayer groups, film afternoons and book clubs. One to one activities such as hand massage and aromatherapy were carried out for residents who did not wish to engage in group activities.

There was evidence that feedback was sought from residents with dementia on an ongoing basis, regarding the services provided. This feedback was used to inform quality improvements within the centre. For example, some of the activities such as music and art therapy and extending the activity programme to cover the 7 days, were as a result of feedback from residents.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in shared rooms. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

An independent peer advocate was available and attended all residents' meetings as well as being available for one to one discussions. The national advocacy services were also available and contact details were on display in the front hall. There were no restrictions to visiting in the centre other than mealtimes, and many residents were observed spending time with family or friends. During the day, residents were observed to move around the centre freely.

Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that arrangements were in place for residents to vote in the upcoming election. Residents were satisfied with opportunities for religious practices.

There was a residents’ committee in operation. The inspector viewed the minutes of some meetings and saw that suggestions made by residents had been taken on board.

There was evidence of ongoing community involvement. This included contact with local schools. The residents also took part in local fundraising efforts and attended various
groups in the community.

To ensure that residents were aware of their rights, information was available around the centre. In addition, this was an agenda item at each residents' meeting.

**Judgment:**
Substantially Compliant

---

**Outcome 04: Complaints procedures**

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

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

**Findings:**
The inspector was satisfied that the complaints of each resident or relative, including residents with dementia, were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer and on each floor. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process if needed.

Regular audits were carried out to ensure compliance with the policy in place. There was evidence of learning from complaints received and this was shared at each staff meeting.

**Judgment:**
Compliant

---

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents.

A recruitment policy, in line with the requirements of the regulations, was implemented in practice. The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 were in place.

Assurance was given by the registered provider representative that Garda Síochána (police) vetting was in place for all staff. An action in relation to this was required from the previous inspection. Regular audits were carried out to ensure compliance with this regulation.

A robust induction system was in place which included being assigned a support staff member. Records of induction were available for recently employed staff. Staff appraisals were also carried out.

Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling. Extensive additional training had also been undertaken and this included the management of responsive behaviours, dementia care, wound care and infection control. A yearly training plan was in place. Staff spoken with confirmed the training they had attended.

The inspector saw that regular staff meetings were held and these included reports on falls, incidents, complaints etc. Detailed trending was carried out to identify any possible patterns or areas for improvement.

Volunteers attended the centre and provided very valuable social activities for the residents which residents confirmed they really enjoyed. Garda Síochána (police) vetting was in place and the roles and responsibilities were set out in writing as required by the regulations.

**Judgment:**
Compliant

---

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

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

**Findings:**
The location, design and layout of the centre were suitable for its stated purpose and meet residents’ individual and collective needs in a comfortable and homely way.
Entrance to the centre was through a large, bright reception area which had several seating areas, as well a reception desk and offices. A variety of communal day and dining spaces were available. The day-rooms and dining rooms were bright with large windows looking out nearby landscapes.

Four floors were in use with bedroom accommodation located on the ground, first and second floor. Three lifts provided access between the floors.

The basement area was used mostly for support services such as the laundry, maintenance room, hairdressing salon, along with offices, staff facilities and a training room. The inspector also saw a large function room located in the basement area which staff said was mostly use for parties such as the Christmas celebrations. Additional storage was also provided here.

The inspector was satisfied that the bedroom accommodation meets residents’ needs for privacy, leisure and comfort. In total, there were 83 single and five twin rooms, all with full en-suite facilities. The bedrooms were spacious and comfortable. Many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments. Clocks were available in each room. Adequate lighting was provided throughout.

This building promoted a dementia-friendly environment. All toilet doors were a similar colour while each bedroom door was a different colour to act as a prompt for residents. Contrasting colours were also used in the toilets to aid orientation. Appropriate signage, in word and picture format, was available at eye level height throughout the centre to orientate residents and to promote independence.

There are additional assisted toilets and bathrooms throughout the premises; these are located strategically, for example, close to day-rooms and along the corridors.

There are three fully equipped sluice rooms. Adequate arrangements were in place for the disposal of clinical and domestic waste. There was adequate storage space provided to ensure that equipment and assistive devices were stored in a safe and discreet manner. Assistive equipment such as air mattresses and hoists were available, and servicing contracts were in place.

Call bells were provided in all bedrooms and communal areas. In addition, a portable system was in place, to provide additional security for residents. The corridors were wide, had hand rails, were clutter free, and allowed residents plenty of space to walk around inside.

The inspector found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures, and the safe use and storage of cleaning chemicals and disinfectant agents.

There was an enclosed patio area which was very popular with residents. This contained raised flower beds and had suitable furnishings.
Adequate parking was available at the front and side of the building.

**Judgment:**
Compliant

---

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

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

**Report Compiled by:**

Sheila Doyle  
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 Bray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000755</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/10/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19/10/2018</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Residents’ Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure that all interactions resulted in a positive outcome for residents.

1. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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:
Cairn Hill Management Team aim to take a ‘hands on’ approach to Resident care by actively monitoring staff on the floor and speaking with Residents. This has proved a very effective means of managing Resident satisfaction with the service and care provided by Cairn Hill Nursing Home and ensures that any feedback provided is acted upon promptly to the satisfaction of the Resident, thus avoiding a potential escalation / complaint arising. There are various mechanisms in place to ensure that Resident’s Rights and dignity are promoted including staff supervision, monthly staff meetings, communication via twice daily handovers, staff training and resource allocation. The mandatory annual staff training plan includes training on dementia, safeguarding and challenging (responsive) behaviour which is supplemented by scheduled daily policy discussions amongst staff. Resident education of Residents’ Rights is promoted at the Resident Representative Group meetings held every two months, with standard agenda items including Residents’ Rights, Advocacy & Safeguarding, Complaints and Feedback.

To ensure ongoing compliance in relation to Regulation 9 (2)(a), the following compliance plan has been implemented:

- Introduction of a monthly ‘Residents’ Rights, Dignity & Consultation’ observational audit to be undertaken by the Director of Nursing based on the Quality of Interactions Schedule (Dean, Proudfoot R and Lindesay J 1993). This will include observations of staff / Resident interaction during the provision of morning care, activities and mealtimes. This will be added to the existing monthly clinical audit schedule with findings and lessons learned to be addressed at monthly staff meetings. To commence November 2018.

- The annual Staff Policy Discussion schedule has been amended to prioritise the discussion of policies relevant to Residents’ Rights, Dignity & Consultation over the coming weeks. To be completed by 30/11/18.

- Policy ‘RR-003 Availability and Communication of Information to the Resident’ has been amended to incorporate the Quality of Interactions Schedule as an Appendix; policy to be discussed with staff as part of the upcoming daily staff policy discussions. To be actioned by 31/10/18.

- Lessons learned from the thematic inspection and improvements required to be addressed at upcoming monthly staff meetings and twice-daily at handover for a two week period. To be completed by 31/10/18.

- Residents’ rights to be introduced as a rolling agenda item at staff meetings. Actioned.

Proposed Timescale: 30/11/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The inspector heard two staff members discussing a resident's condition in the company of other residents.

2. **Action Required:**
Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

**Please state the actions you have taken or are planning to take:**
To ensure ongoing compliance in relation to Regulation 9 (3)(e), the following compliance plan has been implemented:

- Staff online training on GDPR / data protection has been scheduled for early November 2018. An additional training module on confidentiality has been added to the annual staff training plan which will be completed by all staff by the end of November 2018. Both GDPR and confidentiality will be incorporated as part of the annual staff training plan going forward.

- The annual Staff Policy Discussion schedule has been amended to prioritise the discussion of policies relevant to Privacy & Dignity and Data Protection / Confidentiality over the coming weeks. To be completed by 30/11/18.

- Lessons learned from the thematic inspection and improvements required to be addressed at the upcoming monthly staff meetings and twice-daily at handover for a two week period. To be completed by 31/10/18.

- Data Protection / GDPR & Confidentiality to be added to the rolling agenda for staff meetings. Actioned.

- The description / classification of incidents on the Epic Care incident template has been expanded to include data protection / confidentiality to facilitate trending of incidents. Lessons learned from incidents are trended by the management team and discussed at monthly staff meetings.

**Proposed Timescale:** 30/11/2018