Unannounced Care Inspection Report
9 November 2016

Cairnmartin Court Care Home

Type of Service: Nursing Home
Address: 250 Ballygomartin Road, BT13 3NG
Tel no: 02890722050
Inspector: Sharon McKnight

1.0 Summary

An unannounced inspection of Cairnmartin Court took place on 9 November 2016 from 09.30 hours to16.30 hours.

On 14, 20 and 27 October 2016 anonymous complaints were received by RQIA via our duty inspector system. The complainants raised concerns regarding recruitment procedures, staffing, poor staff communication, the provision of activities in the home, cleaning products in use and a report of potential safeguarding.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with RQIA senior management, it was agreed that, as an inspection to Cairnmartin Court was already scheduled, this inspection would focus on the following areas:

- staffing, recruitment and induction
- provision of activities
- COSHH and the cleaning of the environment
- adult safeguarding.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found one area of concern with regard to the management of an extension lead; a requirement was made. One area for improvement was identified with regard to care records. The details of the requirement and recommendation are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**1**	**1**

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Michelle Montgomery, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 6 April 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Priory Elderly Care Ltd Caroline Denny	**Registered manager:** Michelle Montgomery
Person in charge of the home at the time of inspection: Michelle Montgomery	**Date manager registered:** 10 June 2015
Categories of care: NH-PH, NH-DE, NH-I, NH-PH(E) A maximum of 31 patients in categories NH-I and NH-PH(E) and a maximum of 31 patients in category NH-DE. Category NH-PH for 2 identified patients only.	**Number of registered places:** 62

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with 12 patients individually and with others in small groups, two registered nurses, five care staff, the activity co-ordinator, two domestic staff, one visiting professionals and five patient's visitors/representative.

The following records were examined during the inspection:

- staff duty roster for the week commencing 7 November 2016
- three patient care records
- activity records
- competency and capability assessments of nurses left in charge of the home in the absence of the registered manager
- two staff recruitment records
- staff induction records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 April 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 6 April 2016

Last care inspection recommendations		Validation of compliance
Ref: Standard 4 **Stated:** First time **To be Completed by:** 04 May 2016	It is recommended that any alteration to records should be made in a way that the original entry can still be read. **Action taken as confirmed during the inspection**: Any alterations made to the records reviewed allowed the original entry to be read. This recommendation has been met.	**Met**
Recommendation 2 **Ref**: Standard 41.7 **Stated:** First time **To be Completed by:** 18 May 2016	It is recommended that the new competency and capability assessment tool should be completed with all nurses who are left in charge of the home in the absence of the registered manager. The completed assessments should contain a signed declaration by the registered manager to confirm that the assessment process has been completed that they are satisfied that the registered nurse is capable and competent to be left in charge of the home.	**Met**

	Action taken as confirmed during the inspection: The competency and capability assessment tool completed with all nurses who are left in charge of the home in the absence of the registered manager is part of the core induction programme for registered nurses. The registered manager confirmed that the "nurse in charge competency" had been completed with all nurses who take charge of the home in their absence. A review of three records evidenced that the competencies were completed between August and November 2016. This recommendation has been met.	
Recommendation 3 **Ref**: Standard 4.1 **Stated:** First time **To be Completed by:** 04 May 2016	It is recommended that a comprehensive, holistic assessment of nursing needs should be commenced on the day of admission and completed within five days of admission to the home	**Met**
	Action taken as confirmed during the inspection: A review of care records evidenced that a comprehensive, holistic assessment of nursing needs was included in the documentation completed on admission to the home. This recommendation has been met. Care records are further discussed in section 4.4 of this report.	

4.3 Inspection Findings

On 14, 20 and 27 October 2016 anonymous complaints were received by RQIA via our duty inspector system. The complainants raised concerns regarding recruitment procedures, staffing, poor staff communication, the provision of activities in the home, cleaning products in use and a report of potential safeguarding.

The complainants were advised on each occasion to raise their individual concerns with the registered manager in the home and/or the health and social care trust who commission care. Assurances were also sought from the regional manager at the time of the calls and a written response was provided to RQIA. The safeguarding concerns were referred by RQIA to the adult safeguarding team of the relevant health and social care trust.

Following discussion with RQIA senior management, it was agreed that, as an inspection to Cairnmartin Court was already scheduled, this inspection would focus on the following areas:

- staffing, recruitment and induction
- provision of activities
- COSHH and the cleaning of the environment
- adult safeguarding.

4.3.1 Staffing

There were safe systems in place for the recruitment and selection of staff. A review of two personnel files evidenced that these were reviewed by the registered manager and checked to ensure all of the required information had been received prior to the staff commencing employment.

Prior to the inspection concerns had been raised that staff did not have an Access NI check completed prior to commencing employment. The record maintained of Access NI checks was reviewed. A record of the date the home was notified of the outcome of the Access NI checks was maintained for all staff and evidenced that the checks had been received prior to staff commencing employment. The concerns raised were not substantiated.

On arrival there was a calm atmosphere throughout the home and staff were observed attending to patients' needs. RQIA arrived in the home at 09.35 hours and observed that the serving of breakfast was ongoing. Discussion with staff confirmed that all of the patients were assisted with their breakfast prior to being assisted to wash and dress. There was a wide variety of choice for breakfast including cereals, porridge, toast and hot choices of bacon, egg, sausages and fried bread. The breakfast smelt appetising and patients spoken with were complimentary regarding the choice and quality of the food served.

The registered manager confirmed the planned daily staffing levels for the home and advised that these levels were subject to regular review to ensure the assessed needs of the patients were met. As previously stated the registered manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients.

A review of the staffing roster for week commencing 7 November 2016 evidenced that the planned staffing levels were adhered to. Nursing and care staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; two were returned following the inspection. Both of the respondents were very satisfied or satisfied that there were sufficient staff to meet the needs of the patients. Questionnaires were also issued to relatives; three were returned. All of the relatives replied yes to the question "Are you satisfied that staff have enough time to care for your relative?"

We reviewed staff working patterns as concerns had been raised that identified staff were offered shifts from 09.00 to 17.00 hours; it was alleged that these shifts were not offered to all staff. The registered manager confirmed that on occasion some staff worked from 09.00 to 17.00 hours but these staff were employed as bank staff and these were the only hours they were available; they confirmed that reasonable steps would be taken to cover 12 hours shifts but bank staff were not always available for the entirety of the shift. Following discussion with the registered manager we were assured that the concerns raised were not substantiated.

In addition to nursing and care staff, the registered manager confirmed that administrative, catering, domestic and laundry staff were on duty daily. We discussed the provision of housekeeping staff and were informed there were three staff rostered daily; one for the laundry and two for domestic duties, one allocated to each unit. On occasions, approximately 2- 3 days per week there was an additional staff member who worked across both floors. During weeks were staff were on leave this additional cover was not available. Whilst no issues were identified with the standard of cleanliness in the home, given the size of the home and the number of bedrooms on each unit, we sought assurances that the current allocation was sufficient to ensure the home was maintained to an acceptable standard of cleanliness.

Staff spoken with had robust cleaning schedules in place for daily tasks and explained that they also had to respond to unplanned tasks daily. We concluded the workload on each unit was significant for one member of staff. Two relatives spoken with commended the staff on the cleanliness of the home and made reference to the workload. One relative commented that "(staff member)…never stops, I don't know how she gets it all done."

We discussed the provision of housekeeping staff with the registered manager who explained that during previous monthly monitoring visits by the operations manager issues had been identified with the standard of cleanliness in some bedrooms following deep cleans. They explained that bedrooms are deep cleaned when a patient vacates the room and prior to a new patient arriving. Over the past few months there was an increased in the number of bedrooms which required to be deep cleaned. Due to the amount of daily tasks required we were concerned how staff would have sufficient time to undertake these additional duties. The registered manager explained that the staffing allocation had recently been reviewed and agreement had been given for an additional full time member of staff each week. The registered manager explained that a recruitment campaign was currently ongoing to employ staff to cover the additional hours. We acknowledged this increase to staffing and are of the opinion that it should provide staff with additional support to maintain the current level of cleanliness.

Discussion with the registered manager and staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Concerns were raised prior to the inspection that staff with limited spoken English were employed and were unable to communicate effectively with the patients. The registered manager discussed recent issues with one identified member of staff and their communication difficulties. Following this discussion were we assured that the situation had been managed appropriately and brought to a conclusion in the patients' best interests. All of the staff on duty during this inspection were observed to have good verbal communication skills. No issues were raised by patients or relatives. The concerns raised previous to the inspection were not substantiated.

4.3.2 Provision of activities

A caller to RQIA reported that when they visited the home they never saw any activities.

A review of records and discussion with the registered manager, the activity co-ordinator, staff and relatives evidenced that a structured activity programme was in place. The activity co-ordinator explained that they planned activities on an individual and group basis. A coffee club, attended by patients from both units in the home took place in the café on the ground floor during the morning of the inspection. On Friday the gentlemen in the home enjoy fish and chips in the "pub style" room on the first floor, followed by an afternoon of watching sport or enjoying a pub quiz. Musicians visit the home twice a month and provide musical entertainment in the lounge areas; during one of these afternoons an ice cream van visits. Religious services were held each week and throughout the month facilitated by the local churches.

Individual activities included spa treatments, for example nail painting, foot spa, hand massages were provided on a Monday. In the dementia unit the activity co-ordinator explained that they involve patients in households tasks, for example folding laundry, as part of the activity programme. The activity co-ordinator explained that they also visit those patients who are nursed in their bedroom, or choose to remain in their bedroom, and provide one to one time with them.

The activity co-ordinator explained that there were a range of initiatives undertaken with patients. For example once a month they arrange an "honour day" where a patient is chosen to celebrate something from their life. They explained this can be a celebration of being a mother/grandmother/sister or a job they held. Where possible people connected with the patient, i.e. relatives, former colleagues, friends are invited to the home to help celebrate.

"The Daily Sparkle" is an initiative by Priory Elderly Care Limited and is a new sheet which is produced daily with detail of a number of events which took place on that day. There is background information for staff included on the back of the news sheet to help staff engage with patients and prompt conversation. A copy of this was available in the home daily.

Records were maintained of the activities which took place and the patients who participated. Patients and relatives spoken with were aware of the activities and commented positively regarding them. A number of patients spoken with did not wish to take part in the activities but it was good to note they were aware of them.

It was obvious from discussion with the activity co-ordinator that they were familiar with the patients, families, their interests and their individual preferences. There was a variety of outings and entertainment organised leading up to Christmas. Following discussions and a review of records we were assured that the activity co-ordinator had a programme in place to deliver meaningful activities.

We then considered what activities were provided when the activity co-ordinator was involved with groups. While the coffee morning was taking place on the ground floor we spent time in the dementia unit on the first floor. There were a number of patients in the large lounge which is supervised by staff. A number of games and pieces of equipment were available in the lounge, but these were not used by staff. Throughout the morning the patients in this lounge were not engaged in meaningful activities. This was discussed with the activity co-ordinator who stated that generally staff did involve patients in the activities and that records were maintained of these activities. We did not review these records on this occasion but discussed our observations with the registered manager who agreed to monitor what activities were provided in addition to the activity co-ordinators activity programme.

4.3.3 COSHH and the cleaning of the environment

Prior to the inspection RQIA were informed that staff were using undiluted bleach to clean floors throughout the home. It was reported that the fumes from the bleach were an irritant to one visitor. The registered manager informed us that, for a short time, they had used bleach in an attempt to remove stains from a vinyl floor, they confirmed it was used for a short period and was not used extensively throughout the home. The importance of ensuring that cleaning products used are in accordance with best practice was discussed. The registered manager explained that the range of cleaning products had recently been reviewed by their supplier to ensure they met the needs of the home. Two housekeeping staff spoken with were knowledgeable of the range of products available and their usage. Cleaning products were appropriately labelled and stored.

4.3.4 Adult safeguarding

As previously discussed in October 2016, RQIA received a report of a potential adult safeguarding incident. The safeguarding concerns were referred by RQIA to the adult safeguarding team of the relevant health care trust.

Discussion with the registered manager and with staff on duty evidenced that they were aware of the regional protocols for the safeguarding of vulnerable adults and the home's procedures for escalating concerns about staff conduct and practice.

Review of notifications submitted to RQIA, since the previous care inspection in April 2016 evidenced that any potential/actual safeguarding was appropriately notified.

RQIA were assured that the management of safeguarding of vulnerable adults was appropriate and in line with regional guidance.

4.4 Additional areas examined

4.4.1 Care records

A review of three patient care records evidenced that a comprehensive, holistic assessment of patients' needs and a range of validated risk assessments were commenced at the time of admission to the home. In one care record initial care plans had not been put in place until eleven days post admission. A recommendation was made.

Care records contained evidence of regular review and good details the evaluation of care and how they conclude that the care plan continued to meet the needs of the patient. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. There was evidence within the care records of regular, ongoing communication with relatives.

4.4.2 General environment

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. In the café on the ground floor an extension lead was observed with another extension lead plugged into it; the kettle and coffee machine were plugged into the second extension lead. The rationale for using the extension leads was unclear as there were fix power points available. The use of the extension lead and its positioning must be reviewed to ensure that, as far as is reasonably practicable unnecessary risks to health and safety of patients are identified and so far as possible eliminated. This was discussed with the registered manager who agreed to review the situation with immediate effect. A requirement was made.

Areas for improvement

An initial plan of care based on the pre admission assessment and referral information should be in place within 24 hours of admission.

The use of the extension lead and its positioning must be reviewed to ensure that, as far as is reasonably practicable unnecessary risks to health and safety of patients are identified and so far as possible eliminated

Number of requirements:	1	Number of recommendations:	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Montgomery, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements:	
Requirement 1 **Ref:** Regulation 14(2)(c) **Stated:** First time **To be Completed by:** 7 December 2016	The use of the extension lead and its positioning must be reviewed to ensure that, as far as is reasonably practicable unnecessary risks to health and safety of patients are identified and so far as possible eliminated **Ref section 4.4.2**
	Response by registered provider detailing the actions taken: The extension lead was removed by Home Manager and RQIA informed on the same day as inspection. It was identified that a family member had plugged it into the extra socket in the Café. A notice is now visible around the home for advice.
Recommendations	
Recommendation 1 **Ref**: Standard 4.1 **Stated:** First time **To be completed by:** 7 December 2016	It is recommended that an initial plan of care based on the pre admission assessment and referral information should be in place within 24 hours of admission. **Ref section 4.4.1**
	Response by registered provider detailing the actions taken: A new checklist for all admissions has now been implemented for registered staff to complete and submit to Home Manager. This will ensure robust care planning and documentation within a timely manner.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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