



# Announced Care Inspection Report 5 June 2020



## Cairnmartin Court Care Home

**Type of Service: Nursing Home (NH)**

**Address: 250 Ballygomartin Road, Belfast, BT13 3NG**

**Tel No: 028 9072 2050**

**Inspectors: Sharon McKnight & Marie-Claire Quinn**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 32 persons living with dementia. The home is located on the same site as Springhill Residential Care Service and shares the same manager.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore Elderly Care Limited  <b>Responsible Individual</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Fiona Archer 10 August 2018
<b>Person in charge at the time of inspection:</b> Fiona Archer	<b>Number of registered places:</b> 31
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An announced short notice inspection took place on 26 May 2020 from 11:25 hours to 17:00 hours. This inspection was completed in conjunction with an inspection of Springhill Residential Care Services, which is on the same site.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

RQIA were aware of a significant outbreak of Covid 19 in this home, notified to us on 16 April 2020. Following additional concerns reported by the Belfast Health and Social Care Trust, RQIA decided to undertake an inspection to this home. This inspection focused on the following areas:

- care delivery
- Infection Prevention and Control practices (IPC)
- care recording
- governance and management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.0 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Fiona Archer, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- care records of two residents
- supplementary care records for five residents
- a sample of governance records
- a sample of staff supervision and competency assessments.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection on 7 January 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 7 January 2020. The area for improvement identified at the last inspection was reviewed and was met.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref: 4.9</b> <b>Stated: First time</b>	The registered person shall ensure that supplementary care charts contain the date they are completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 Care delivery

Patients were all being cared for in their individual bedrooms; staff were knowledgeable of the need for social distancing and self-isolation. Patients were warm and comfortable. They looked well cared for their with personal care needs attended to daily.

We spoke with six members of staff, who displayed commitment and empathy towards the patients. All of the staff spoke compassionately of the impact of the recent outbreak of COVID 19 on staff, patients and relatives. They reminisced about the patients who were no longer in the home and the added pressure of comforting patients in the absence of their relatives during end of life care.

The home had received positive feedback from many relatives; there were numerous thank you letters and cards displayed at the entrance to the home. Staff told us that families and the local community had been very supportive and this had helped maintain good morale in the home. One family had given all staff a small token, an inscribed wooden heart, to thank them for their kindness.

The activity leader explained how contact with relatives had been maintained in the absence of actual visiting. The home have facilitated a greater number of phone calls and have introduced video calls. This contact has also been extended to the local church representatives to support patients with their spiritual needs. Given the prevalence of dementia in the home the lengths staff have gone to maintain meaningful contact with relatives was commended.

### 6.2.2. Infection prevention and control practices

Prior to the inspection, the Belfast Health and Social Care Trust (BHSCT) had undertaken a support visit to the home and identified some IPC issues. Verbal feedback was provided at the conclusion of this visit and a report has since been received by the home. At the time of our inspection, a meeting with the Trust had been arranged to discuss the findings; action had already been taken to address some of the other issues identified.

Signage had been placed at the entrance which provided advice and information about Covid-19. Personal protective equipment (PPE) was available in the foyer of the home for staff and visitors. PPE was also readily available throughout the home.

No issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE and the correct procedure for donning and doffing.

Patients appeared to be accepting of the need for staff to wear masks and/or visors. Staff advised that they explained the need for the use of the masks if any patients presented as confused or distressed by this.

Clinical waste bins were provided throughout the home for safe disposal of used PPE. The manager informed us of the revised storage arrangements to ensure that clinical waste could be segregated and stored in accordance with best practice.

Alcohol based hand sanitiser was available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

We visited the laundry which was tidy and well organised. Coloured coded laundry skips were in use.

When we arrived at the home, some staff were having their break outside and we noted that they had not fully maintained social distancing. This was discussed with the manager who agreed to remind staff of best practice.

### **6.2.3 Care records**

Staff spoken with had good person centred knowledge and were able to describe changes in patients' appetite and interest in meals. Staff spoke of plans to help stimulate patients' appetite when the current infectious outbreak is over; for instance, patients can be encouraged into the dining room, whilst maintaining social distance, to provide environmental prompts for mealtimes. Patients generally continued to drink well with encouragement from staff.

Records of patients' food and fluid intake were completed for all patients and evidenced that patients were assisted with both regularly throughout the day; the amount each patient drank in each 24 hour period was calculated daily and the total recorded in their daily nursing notes. We also saw that systems were in place to monitor patients' weights and take appropriate action as required.

We reviewed care records in relation to patients' skin and wound care. Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly. The initials of the two staff who assisted the patient to change their position were recorded. However at times the one staff member recorded both sets of initials; staff must record their own initials on care records to confirm that they delivered the care. This was identified as an area for improvement.

We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wound care was in keeping with the care plan instructions. Records also evidenced that where necessary, advice on the management of wounds was sought from healthcare professionals such as podiatry and tissue viability nurses (TVN).

### **6.2.4 Governance and management**

Staff spoken with confirmed that the home's management were supportive throughout the current outbreak of infection. They were also thankful for the support provide by the BHSCT but would have appreciated more support at the start of the outbreak. They felt there was good communication in the home, with regular handovers and updates as guidance has changed throughout the pandemic.

We reviewed records which confirmed staff had been provided with training and had been deemed competent and capable in the donning and doffing of PPE and hand washing.

The manager has an established system of audits in place which currently had a focus on hand washing, the use of PPE and the environment.

**Areas of good practice**

Areas of good practice were identified with regard to staff commitment to patient care, care delivery and the provision and usage of PPE.

**Areas for improvement**

One area for improvement was identified regarding the signing of repositioning charts.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

**6.3 Conclusion**

Throughout the inspection the atmosphere in the home was quiet and relaxed. Patients were being cared for in their individual bedrooms; the majority of patients were in bed and were observed to be warm and comfortable.

Staff spoken with were knowledgeable of patients' needs and were confident that they had the necessary PPE and management support to care for the patients.

The inspection resulted in one area for improvement being made.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Archer, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the day of the inspection.</p>	<p>The registered person shall ensure that staff record their own initials on care records to confirm that they delivered the care.</p> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Senior Nursing staff have provided guidance and supervision to all care/clinical staff. Re-inforcing the importance that each individual employee signs their own documents to represent the care provided for each individual resident. Senior staff are checking during each shift that documentation has been completed as required and on existing tools. A specific audit tool has been implemented to evidence that the signature/initials on the documentation are done individually. These audit processes are being further reviewed by Home Management for compliance monitoring. Compliance and improvement has been achieved and is being maintained.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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