Inspection Report

24 February 2022

Cairnmartin Court Care Home

Type of service: Nursing (NH)
Address: 250 Ballygomartin Road, Belfast BT13 3NG
Telephone number: 028 9072 2050

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: Amore Elderly Care Limited **Responsible Individual:** Miss Sarah Elizabeth Perez - Acting	**Registered Manager:** Miss Michelle Sargent – not registered
Person in charge at the time of inspection: Miss Georgiana Radu – nurse in charge	**Number of registered places:** 31
Categories of care: Nursing Home (NH) DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 23
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 31 patients. The home is divided into three floors with nursing patients' bedrooms located on the first floor. There is also a registered Residential Care Home under the same roof for which the manager is also responsible.	

2.0 Inspection summary

An unannounced inspection took place on 24 February 2022 from 9.35 am to 6.00 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0. Three of the areas for improvement identified at the previous care inspection were partially met and were stated for a second time.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surrounds.

RQIA were assured that the delivery of care and service provided in Cairnmartin Court Care Home was provided in a compassionate manner by staff who knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Cairnmartin Court Care Home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Six patients, two relatives and seven staff were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Cairnmartin Court Care Home was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure suitable arrangements for the recording, storage and disposal of topical medicines.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 27 (4) (b) **Stated:** First time	The registered person shall ensure liaison with relevant statutory authorities in advance of future bonfire events to ensure the risk to both the premises and the occupants is adequately managed and controlled. This should include the Northern Ireland Fire & Rescue Service. This should be included in the home's Fire Risk Assessment as a potential fire hazard.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence of some improvement against this area for improvement, however some deficits were observed. This is discussed further in section 5.2.3. This area for improvement was partially met is stated for a second time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure a daily menu is displayed in a suitable format and in an appropriate location, showing what is available at each mealtime.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment evidenced this area for improvement was met.	
Area for improvement 2 **Ref**: Standard 4.1 **Stated:** First time	The registered person shall ensure risk assessments are completed and care plans developed by a registered nurse within five days of admission. These should be reviewed and updated in response to the changing needs of the patient.	**Met**
	Action taken as confirmed during the inspection Review of a selection of care records confirmed that this area for improvement was met.	

Area for improvement 3 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall ensure supplementary care records in the home such as personal care and food and fluid intake charts are completed in full. These should be signed by staff with the accurate time of care delivery recorded. Fluid balance charts should be reconciled daily.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence of some improvement in completion of records. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a second time.	
Area for improvement 4 **Ref**: Standard 21.1 **Stated:** First time	The registered person shall ensure wounds are managed in keeping with the assessed needs of the patient. Wound assessment and evaluations should be completed in keeping with best practice guidance and daily care evaluations should comment on wound care delivered.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and is discussed further in section 5.2.2. This has been uplifted into a new area for improvement under regulation.	
Area for improvement 5 **Ref**: Standard 46 **Stated:** First time	The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. This area for improvement specifically related to the cleaning and storage of patient equipment/toiletries and management of storage space within the home.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment evidenced this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. One staff member said there could be better communication between staff nurses and care assistants. In addition, staff members were unsure who was in charge of the home on the day of the inspection. These comments were discussed with the regional manager who gave assurances that this would be reviewed and addressed with staff as required.

Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. Some staff members consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. The regional manager told us there was a system in place to try and obtain cover and that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. They also confirmed ongoing recruitment for a deputy manager to assist the manager in their role.

It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Patients spoke positively in relation to the quality of care provided.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

Examination of patients' care records regarding the management of falls indicated that at times nursing staff did not consistently evaluate the status of the patient post fall.

In addition, review of the specific care plans and falls risk assessments evidenced that these records were not always reviewed, post fall, to ensure they reflected the needs of the patients in preventing or managing falls or that nursing staff had evaluated the previous falls history and the potential impact on the patient. An area for improvement identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning records evidenced improvements in record keeping since the last care inspection although some deficits were noted. For example, the time that care was delivered was not consistently recorded. This is discussed further in section 5.2.2.

Deficits were identified in the management of wound care. Review of one patient's care records confirmed that individual care plans were not in place for the management of each wound. Improvements were noted since the last care inspection although evaluations by nursing staff did not consistently detail the progress or otherwise of the wound or the status of the patient. It was reassuring to note that the wound care audit would be reviewed to ensure the deficits above would be addressed. This was identified as an area for improvement under the care standards at the last care inspection; this is now stated as a new area for improvement under regulation.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to residents' dining needs in a caring and compassionate manner.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Discussion with staff confirmed training regarding management of patients who require modified diets was not imbedded into practice. Examination of dysphasia competency records confirmed a number of staff were not up to date. However, records shared post inspection by the manager confirmed that the majority of staff had completed the relevant training. To ensure the dysphasia training provided is embedded into practice, an area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and include any advice or recommendations made by other healthcare professionals. Review of care records of one patient evidenced that care plans had been developed in a timely manner following admission to accurately reflect the patient's assessed needs.

Deficits in record keeping were identified following review of a selection of care records. For example, daily care and repositioning records were not consistently completed. Improvements were noted in completion of food and fluid intake charts, although some records were found to be completed with incorrect dates. Other records such as bedrail and mattress checks were found to have no date recorded. While some improvement in record keeping was evidenced, further improvements are required. This was stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Deficits in the storage of some patient equipment and the cleanliness of the laundry were identified. Incontinence wipes were found to be stored on the top of toilet cisterns. The laundry area was found to be cluttered and dusty in areas. Both hand washing sinks were not clean and soap was not available at one of the sinks. Personal protective equipment (PPE) was not appropriately stored and there was evidence of inappropriate storage of patient equipment. This was discussed with the regional manager who immediately arranged for the above deficits to be addressed. An area for improvement was identified.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear PPE.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitiser. Some of the PPE in used was not indicated for use in a healthcare setting. Best practice guidance was shared with the manager by the inspector following the inspection. Assurances were provided by the regional manager that the use of such PPE would cease immediately.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Some improvements were noted regarding staff's IPC knowledge and practice although many of the deficits identified at previous care inspection were observed. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE, while other staff were not bare below the elbow. This was identified as an area for improvement at the last care inspections and is stated for a second time.

5.2.4 Quality of Life for Patients

Observation of care delivery confirmed patients were able to choose how they spent their day. For example, some patients liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals in their bedroom. Patients were observed listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

Discussion with the nurse in charge confirmed that the activity therapist was on planned leave. Patients did not raise any concerns regarding the activity provision. However, staff said that activities were not planned at present and no staff had been allocated to provide activities in the absence of the activity therapist. Staff spoken with confirmed they found it difficult to provide activities due to ongoing work demands.

In addition, the weekly activity planner displayed in the home had not been completed. Review of patients' daily progress notes confirmed staff did not regularly comment on how each patient spent their day. This was discussed with the regional manager and an area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Miss Michelle Sargent has been manager since 14 June 2021.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was good and feedback was given as to how these audits could be improved to assist the manager in their role. Although some improvements were noted in relation to the auditing of IPC practices and care records, some deficits were identified. For example, there was no oversight of PPE use and recording of supplementary care records. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

Review of the audits undertaken for accidents and incidents, wound care, falls and hand hygiene practice found that the deficits noted during the inspection had not been identified through the audit process. In addition, no audits were in place to monitor PPE use. This was discussed with the regional manager who provided assurances that this would be discussed with the manager and improvements monitored against an action plan. While the assurances given by the regional manager provided RQIA with a level of assurance that improvements would be made, an area for improvement was identified.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Review of records and information received by RQIA evidenced that at least five notifiable accidents and incidents had not been reported to RQIA in keeping with regulation. This was discussed with regional manager who agreed to have the accidents audited and retrospective notification submitted as required. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These are available for review by patients, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	*6	*3

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tracey Henry, Regional Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** Second time **To be completed by:** 24 March 2022	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Donning & Doffing competencies renewed by all Staff to support compliance with appropriate use of PPE. Hand hygiene/PPE audits completed twice weekly. Manager Quality walk rounds completed daily which include spot checks of hand hygiene and PPE compliance and appropriate donning/doffing procedures. Any issues are immediately addressed with Staff through supervision. Monitoring continues by Senior Manager during visits.
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 24 March 2022	The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff initiate a post falls pathway and 24hr Post falls observations chart for any unwitnessed falls. An incident log is completed as part of the internal governance process to confirm care plan and falls risk assessment update, as well as confirming appropriate reporting of incident to relative and other external agencies. A further falls analysis is completed monthly to identify any trends within each unit and for individual residents. This is all reviewed during reg 29 visits by Senior Management.

Area for improvement 3 **Ref:** Regulation 16 (2) (b) **Stated:** First time **To be completed by:** 24 March 2022	The registered person shall ensure wounds are managed in keeping with the assessed needs of the patient. Wound assessment and evaluations should be completed in keeping with best practice guidance and evaluations should comment on the progress of the wound. Ref: 5.2.2
	Response by registered person detailing the actions taken: Letter issued to the Nursing Team identifying expectations with regards to wound management. Support has been provided by the BHSCT who will arrange wound management training for all Registered Nurses within the coming weeks Tissue viability audit completed by the Nurse in charge weekly on a Sunday, this is then reviewed by the home Manager every Monday to ensure appropriate actions taken.
Area for improvement 4 **Ref:** Regulation 20 (1) (a) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure dysphasia training is embedded into practice. Ref: 5.2.2
	Response by registered person detailing the actions taken: Dysphagia competencies have been completed by all RN's, care and catering Staff. Care and catering Staff have completed additional online dysphagia training to support their knowledge. BHSCT "Fluid training" has been arranged in april 2022 to support Staffs knowledge regarding fluid consistencies. Further Dysphagia Keyworker training has been arranged for April 2022. The dysphagia champion will monitor meal times to ensure food consistencies offered are in line with Individual SALT recommendations, enhancing the overall dining experience for Residents.
Area for improvement 5 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 24 March 2022	The registered person shall review the home's current audit processes to ensure they are effective. Consideration should also be given to the scope of the audits undertaken which should include auditing of accidents and incidents, wound care, falls and infection prevention and control. Ref: 5.2.5
	Response by registered person detailing the actions taken: Our internal governance systems have just been reviewed with our new providers Healthcare Ireland and they include all audits mentioned above. Compliance is monitored during Reg 29 visits.

Area for improvement 6 **Ref:** Regulation 30 (1) (d) (f) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively. Ref: 5.2.5
	Response by registered person detailing the actions taken: All notifiable incidents are being reported to RQIA without delay. Notifiable incidents discussed at inspection have been submitted. Monitoring will continue with new internal governance systems (HCI) and during reg 29 visits.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref**: Standard 4.9 **Stated:** Second time **To be completed by:** 24 March 2022	The registered person shall ensure supplementary care records in the home such as personal care and food and fluid intake charts are completed in full. These should be signed by staff with the accurate time of care delivery recorded. Fluid balance charts should be reconciled daily. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Team meeting completed on 16th of March 2022. Expectations with regards to supplementary chart documentation shared with entire team. Charts must be completed in full, dated and signed. This must be done within a timely manner and reflect care given. Senior Carers are required to check charts throughout the day to ensure they are completed in full. RN's are required to review and sign charts before the end of every shift. The home Manager will complete spot checks daily during the daily quality walk round and address any issues with the team. Fluid balance charts must be reconciled daily by the nurse in charge and actions taken where fluid targets not met. Any concerns with regard to fluid intake to be shared with the home Manager. This will be further monitored during reg 29 visits by Senior Manager.

Area for improvement 2 **Ref**: Standard 46.2 **Stated:** First time **To be completed by:** 24 March 2022	The registered person shall ensure appropriate storage of incontinence wipes and establish a system to assure compliance with environmental cleaning in the laundry. Ref: 5.2.3
	Response by registered person detailing the actions taken: Expectations with regards to storage of wipe were shared with the team during whole home team meeting on 16/03/22. Compliance is being monitored during manager quality walk rounds and Senior Manager visits. Environmental issues noted within the laundry were rectified on the day of inspection and will also have ongoing monitoring by management.
Area for improvement 3 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 24 March 2022	The registered person shall ensure the programme of activities is displayed in a suitable format in the home and is accessible for all patients. This should be developed in consultation with the patients and reviewed at least twice yearly to ensure it meets patients changing needs. The provision of activities in the home should be reviewed to make sure that meaningful activities are provided to patients in the absence of the activity co-ordinator. Ref: 5.2.4
	Response by registered person detailing the actions taken: On the day of inspection Residents daily activities were under review and new visuals were being developed. These are now on display in a suitable format and and are based on Resident preferences and requests. Staff team briefed regarding the activity boards who will ensure scheduled activities are offered to Residents in the absence of the activity coordinator.

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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