The Regulation and Quality Improvement Authority

Inspection Report

13 July 2021

Cairnmartin Court Care Home

Type of Service: Nursing Home (NH)
Address: 250 Ballygomartin Road, Belfast, BT13 3NG
Tel No: 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/Registered Provider: Amore Elderly Care Limited **Responsible Individual:** Mrs Nicola Cooper	**Registered Manager:** Miss Michelle Sargent – not registered
Person in charge at the time of inspection: Miss Michelle Sargent - manager	**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:** 20
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 13 July 2021 from 9.25 am to 6.20 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.

New areas requiring improvement were identified in relation to topical medicines, fire safety, infection prevention and control practices, care planning, record keeping, the daily menu and wound management.

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.

RQIA were assured that the delivery of care and service provided in Cairnmartin Court Care Home was provided in a compassionate manner.

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, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting 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 deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with six patients, one relative, two visiting professionals and six staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients spoke highly of 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.

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 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 26/05/2020		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that staff record their own initials on care records to confirm that they delivered the care.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. The majority of training during the COVID-19 pandemic had been completed electronically. Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about how to report concerns about patients' safety and/or poor practice.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management. Visiting professionals told us there was good communication from staff in the home and the referrals they received were timely and appropriate.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not clearly identify the person in charge when the manager was not on duty. This was discussed with the manager who confirmed they had recently amended the rota to ensure this information was available as well as the actual hours worked by staff.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. 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 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 were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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 that they were maintained in a contemporaneous manner.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. 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. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required. Review of the management of falls evidenced appropriate actions were taken following falls in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients or their families were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Management of topical medicine administration was examined. Deficits were identified in recording, storage and disposal of topical medicines. This was discussed with the manager who agreed to address this with staff and arranged for the immediate safe storage of all topical medicines. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff. 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. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written record of what patients had to eat and drink, as necessary. Patients spoke positively about the food provision in the home. It was noted that a menu showing what is available at each mealtime was not displayed in a suitable format or location; an area for improvement was identified.

Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids. However, deficits were identified regarding the use of thickening agents. Staff were observed to modify fluids for multiple patients with thickening agent prescribed for one identified patient. This was discussed with the manager who gave assurances that this practice would be reviewed.

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 included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced care plans had not been developed by a registered nurse within five days of admission to the home to accurately reflect the assessed needs of the patient. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded. A review of personal care and food and fluid intake records evidenced inconsistencies in recording. Details were missing from the records and the records had not been contemporaneously completed by staff who delivered the care. This was discussed with the manager and identified as an area for improvement.

Examination of wound care for an identified patient confirmed wound assessments and evaluations were not always completed after their wound was dressed. The wound was not consistently managed in keeping with care plan directions and daily progress notes did not reflect the care delivered or the outcome for the patient. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced it was warm and comfortable. Some bedrooms and communal areas required redecorating. The manager confirmed they were working on a refurbishment plan to address this. This was noted in the recent monthly monitoring report.

Some patient equipment was seen to require maintenance or replacing. This was discussed with the manager who agreed to address this. This will be reviewed at a future inspection.

Deficits in the cleaning of patient equipment were identified. Inappropriate storage of patient equipment and toiletries was observed in identified communal bathrooms and ensuite areas. A number of storage areas were also seen to be cluttered. This was discussed with management who arranged for the deficits identified to be addressed immediately. An area for improvement was identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Corridors and fire exits were clear of clutter and obstruction. A fire risk assessment had not been completed since 4 December 2019. Management advised this was due to the ongoing pandemic and confirmed in an email following the inspection that an updated assessment has been arranged for September 2021. It was observed that the home had suffered fire damage to external elements from a planned bonfire located on an adjacent site, outside the control of the home's management. It is understood that the bonfire is an annual event and that it is likely to be located on the same site for similar events in future. In order to minimise the potential risk posed to the building and the occupants, an area for improvement was identified.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

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 personal protective equipment (PPE) such as aprons, masks and/or gloves.

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.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients were observed enjoying listening to music and watching TV. Other patients enjoyed a visit from relatives. A weekly schedule of activities was available. Patients' needs were met through a range of individual and group activities such as exercise classes, music therapy, baking days, board games and pet therapy.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff told us they assisted patients to make phone or video calls. Visiting and Care Partner arrangements were in place with staff noting 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 a change in the management of the home since the last inspection. Miss Michelle Sargent was appointed as manager since 14 June 2021. RQIA were notified appropriately.

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 generally good; however, deficits in the quality of the environmental and IPC audit were identified. The environmental audit completed for June 2021 did not identify the deficits highlighted in section 5.2.3. These was discussed with the manager who agreed to have this audit repeated and review the current system in use for auditing hand hygiene and PPE use. The manager agreed to implement a restrictive practice audit. This will be reviewed at a future care inspection.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the manager and the management team 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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner.

Patients' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other. Patients, staff and relatives did not express any concerns about the service.

New areas requiring improvement were identified in relation to topical medicines, fire safety, infection prevention and control practices, care planning, record keeping, the daily menu and wound management.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner.

7.0 Quality Improvement Plan/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).

	Regulations	Standards
Total number of Areas for Improvement	3	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Michelle Sargent, manager, 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 (4) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure suitable arrangements for the recording, storage and disposal of topical medicines. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Topical administration of medication records are maintained in Individual folders in the Residents bedrooms.to allow for the prompt recording of application. Recording is dip sampled on each shift by the nurse in charge and recorded on the nurse in charge checks Topical medication will be safely stored in the Residents individual bathroom cupboards and surplus stock will be kept securely in the treatment room's surplus medication cupboard. A check sheet has been implemented for the storage and disposal of topical medications. This is completed daily by the Senior carer on shift. This includes the checking of opening/expiry dates and the removal/repleneshing of items where required. The recording of topical medication administration, storage and checking of opening and expiry dates are also checked by the medication quality walk rounds and the spot checks completed by the HM as part of the daily quality walk round
Area for improvement 2 **Ref**: Regulation 27 (4) (b) **Stated:** First time **To be completed by:** From the date of the inspection onwards	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered person will continue to link with the NI fire and rescue service on an annual basis to ensure the home remains safe during local bonfire events. The registered person will contact the local council to discuss the risks involved with bonfire events and request for a change of location. Ashby fire services will be onsite in September 2021 to review/update the home's fire risk assessment. Local bonfires will be added to the risk assessment as a potential hazard.

Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** From the date of the inspection onwards	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: 5.2.3
	Response by registered person detailing the actions taken: All Staff have completed up to date donning and doffing of PPE competencies. Daily spot checks are completed as part of the Managers daily walk round to ensure the appropriate use of PPE and the correct donning/doffing procedures are adhered to. Any issues are immediately addressed via Staff supervision. Weekly hand hygiene audis are completed via heads of department to ensure appropriate practices are implemented. There is a hand washing standard operating procedure which has been relaunched at site and forms that are completed on each shift by all staff members and checked by the HM that detail all handwashing that has taken place All Staff IPC training remains up to date.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
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. Ref: 5.2.2
To be completed by: From the date of the inspection onwards	**Response by registered person detailing the actions taken:** Every effort has been made to enhance Resident's overall dining experience. There are now visual menus on display in the dining areas. These are updated daily for each meal time and indicate what options are availble to Residents. Menus are checked daily by HM as part of the quality walk round. Table linen and centre pieces are utilised and individual table mats which indicate Residents dietary requirments are now in use. Dining Quality walk rounds are in place and are completed weekly across the home. Any actions identified are acted upon immediately and findings shared with staff via the monthly governance meeting

Area for improvement 2 **Ref**: Standard 4.1 **Stated:** First time **To be completed by:** From the date of the inspection onwards	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Registered Nurses will ensure care plans are updated within a timely manner and reflect the changing needs of Residents. An admission checklist is in place for all new admissions and progress against it will be checked via the daily flash meeting and any gaps addressed. Regular documentation audit's will be completed to ensure the appropriate documentation is in place for all Residents. These are completed every 2-4 weeks.
Area for improvement 3 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** From the date of the inspection onwards	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: 5.2.2
	Response by registered person detailing the actions taken: All supplementary chart have been reviewed and updated to ensure they capture appropriate information for Residents. Care huddles and nurse in charge checks are in place and are being relaunched to ensure oversight of the completion of supplementary records in a timely manner and to allow early warning of concerns including poor fluid intake so actions can be taken promptly by the nursing team Fluid and food charts are also dip sampled as part of the managers quality walk round Senior carer's will also review all charts before end of each shift to ensure they are completed in full. The fluid target audit will be completed daily and results shared daily at the flash meeting and actions set for completion and followed up where targets are not met

Area for improvement 4 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** From the date of the inspection onwards	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: A monthly wound audit will be completed by the deputy manager A wound tracker will be put into place All residents with wounds will have a clear assessment and care plan in place and care evaluated daily by the registered nurses All wounds will be reviewed as part of a weekly clinical risk meeting, this includes a review of the care plan, assessment and treatment plan All nurse to complete competency assessment in wound care management
Area for improvement 5 **Ref**: Standard 46 **Stated:** First time **To be completed by:** From the date of the inspection onwards	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Patient equipment is cleaned daily by night carers; there is a cleaning schedule in place to reflect this. Equipment that is shared between residents is also cleaned down between uses and ther is a signing sheet in place to evidence this. Equipment cleanliness and documentation is checked by management via.daily walk rounds to ensure IPC standards are maintained. Storage of toiletries is checked during manager walk rounds to ensure there are no innaproriate items stored in communal bathrooms. Senior carers complete regular room checks to ensure Residents items are stored appropriatley in their bedrooms. Environmental quality walk rounds are also completed monthly by the management team

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

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

Assurance, Challenge and Improvement in Health and Social Care