

# Inspection Report

**16 June 2022**



## Cairnmartin Court Care Home

**Type of service: Nursing Home**

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

**Telephone number: 028 9072 2050**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Healthcare Ireland (Belfast) Limited  <b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Registered Manager:</b> Miss Michelle Sargent  <b>Date registered:</b> 15 March 2022
<b>Person in charge at the time of inspection:</b> Miss Michelle Sargent	<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> 24
<b>Brief description of the accommodation/how the service operates:</b> 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 a registered Residential Care Home within the same building and for which the manager also has operational responsibility and oversight.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 June 2022 from 9.30am to 5.00pm 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 are discussed within the main body of the report and Section 7.0. Two 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 surroundings.

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**

Seven staff, one relative, and seven patients 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 occasional challenges 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 24 February 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	<p>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.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Although improvements were noted, further work is required to ensure falls risk assessments are completed post fall. Nursing staff did not consistently comment on the clinical and neurological status of the patient post fall.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of wound care records evidenced this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure dysphasia training is embedded into practice.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and observation of practice evidenced this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Although further work is required regarding auditing of restrictive practices, the environment and accidents and incidents, there was sufficient evidence to meet this area for improvement.</p>	<p><b>Met</b></p>

<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 30 (1) (d) (f)  <b>Stated:</b> First time	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p><b>Action taken as confirmed during the inspection:</b> Although some improvements were noted, examination of records confirmed that all retrospective notifications had not been submitted to RQIA.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	<b>Partially met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> Second time	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Although some deficits were noted in completion of records, there was sufficient evidence of progress to meet this area for improvement.</p>	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time	<p>The registered person shall ensure appropriate storage of incontinence wipes and establish a system to assure compliance with environmental cleaning in the laundry.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced this area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that not all pre-employment checks had been completed prior to each staff member commencing in post. For instance, review of one staff recruitment file evidenced that an accurate employment history was not available and employment gaps were not explored prior to an offer of employment being made. In addition, a reference was not received from the staff member's most recent employer. This was discussed with the manager and assurances were given that the system for reviewing recruitment files would be reviewed. An area for improvement was identified.

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).

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. Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

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.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.



Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff had no concerns regarding the staffing levels however some staff reported challenges with teamwork at times. This was discussed with the manager who agreed to meet with staff to discuss any concerns. The manager confirmed there was ongoing recruitment for a deputy manager role and further nursing and care assistant positions in the home.

Patients spoke positively 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.

Relatives spoken with expressed no concerns regarding staffing arrangements and were complimentary about the care delivered in the home.

### **5.2.2 Care Delivery and Record Keeping**

Staff meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff members 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 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 evidenced these were generally well completed. It was noted that some staff were not consistently recording the time patients were repositioned. This was discussed with the manager who agreed to monitor this through their audit systems.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was provided in keeping with care plan directions.

Falls in the home were monitored on a monthly basis 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 not consistently taken following falls in keeping with best practice guidance. Review of a fall for one identified patient confirmed that further work is required to ensure falls risk assessments are completed post fall. Although improvements were noted since the previous care inspection, nursing staff did not consistently comment on the clinical and neurological status of the patient post fall. Management of falls was identified as an area for improvement at the previous care inspection; this is stated for a second time.



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 patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and the administration of food supplements in addition to meals. Care plans examined detailed how patients should be supported with their food and fluid intake. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

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 that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Review of records such as personal care records and food and fluid intake evidenced that these were generally well maintained and improvement had been made since the previous care inspection. However, review of records highlighted some deficits in recording. Details were discussed with the manager who confirmed that they were aware of the improvements needed in record keeping and confirmed that there was ongoing monitoring of records and support being offered to staff regarding contemporaneous completion of records. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

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

Inappropriate storage of patient equipment and toiletries was observed in identified communal bathrooms, while deficits in the cleaning of patient equipment were noted. An identified storage area was also found to be cluttered. These issues were discussed with the manager who arranged for the deficits to be addressed before the end of the inspection. It was disappointing to note that these issues had been identified at a previous care inspection in July 2021 and the improvements made have not been sustained. In order to drive the necessary improvements an area for improvement was identified.

Discussion with staff and observation of the environment identified improvements in the management of the laundry. However, some inappropriate storage was noted while a number of items of equipment required replacing. This was discussed with the manager who gave an assurance these matters would be addressed. This will be reviewed at a future care inspection.

Discussion with the manager confirmed there was no identified nurse leading on IPC procedures and compliance within the home. The manager agreed to review this to ensure ongoing compliance with infection prevention and control (IPC) practices.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 30 September 2021. The manager confirmed that all but one of the actions identified by the fire risk assessor had been addressed, with works planned to address the outstanding action.

Food and fluid thickening agents were observed to be stored in an area accessible to patients. This posed a potential risk to patients' health and wellbeing. These incidents were discussed with staff who took necessary action to mitigate any risk. This was discussed with the manager and an area for improvement was identified.

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 sanitisers were always readily available throughout the home. Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room or a lounge for meals.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. A number of patients were seen celebrating national beer day in the bar at the home wish plans to watch a John Wayne movie later in the day.

There was evidence that additional planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered which included breakfast club, arts and crafts, pamper and relaxation sessions, puzzles, films, chair exercises and bingo. Staff said the activity co-ordinator did a variety of one to one and group activities to ensure all patients had some activity engagement. The activity co-ordinator confirmed staff were allocated to deliver activities in their absence and confirmed events had taken place to celebrate St Patrick's Day and the Queen's Jubilee in recent months.

#### **5.2.5 Management and Governance Arrangements**

Staff members 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 the registered manager in this home since 15 March 2022.

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 although given the deficits identified during the inspection; further work is required regarding the development of an environmental audit. The manager confirmed in correspondence received by RQIA following the inspection that a new audit has been shared by the new provider. Review of restrictive practice audits confirmed these had not been completed for a period of time. An area for improvement was identified.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly, although, deficits in record keeping were identified. This was discussed with the manager who confirmed new paperwork was shared with them by the new provider following the inspection to accurately record actions taken and outcomes of complaints. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

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 accidents and incidents records found that these were generally well managed although they were not consistently reported to RQIA. This was discussed with the manager who submitted any retrospective notifications to RQIA. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

The home was visited each month by a representative of the responsible individual 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 reports were available in the home for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	2

\*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 Miss Michelle Sargent, registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 16 July 2022	<p>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.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Falls will be managed in line with Service policy and procedure.</p> <p>Post falls pathway and 24hr Post falls observations chart will be completed following any unwitnessed falls. These will reflect the Residents clinical and neurological status post falls.</p> <p>An incident log is completed as part of the internal governance process; this ensures care plan and falls risk assessment updates are completed within a timely manner, 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.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30 (1) (d) (f)  <b>Stated:</b> Second time  <b>To be completed by:</b> 16 July 2022	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 5.1 and 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered Manager will complete a daily review of incidents to ensure that incidents are followed up and notified in line with legislative requirements and without delay.</p> <p>The registered Manager will ensure any necessary actions following the occurrence of a notifiable event are taken to ensure the ongoing safety and wellbeing of service users. Incident logs will be completed daily and audits conducted monthly.</p> <p>Ongoing guidance and support will be afforded to delegated users within the team to ensure that the legislation and notification process is followed at all times.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 July 2022</p>	<p>The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager will ensure that the appropriate pre-employment checks are completed prior to offer of employment and evidence maintained on Staffs personnel files. Pre-employment checklist in place to support checks which will be signed off by the registered manager to ensure compliance.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure the safe storage and supervision of food and fluid thickening agents.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Supervision completed with entire Staff team regarding the safe storage of fluid thickening agents. Dysphagia management training completed by entire team which will be assigned to new starts. Spot checks will be completed during manager daily walk rounds to ensure continued compliance with safe storage. This will also be reviewed during reg 29 visits by Senior Management.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 16 July 2022	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically related to the cleaning and storage of patient equipment/toiletries and management of storage space within the home.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>  Supervision document shared with entire team to address standards/expectations with regards to the storage/cleaning of patients equipment and toiletries..  Storage cupboards will be kept tidy/organised and free from clutter.  Items will be stored appropriately and in line with IPC requirements.  Cleaning checklist in place for the cleaning of equipment which will be reviewed/signed off by RN on duty.  Manager walk rounds completed daily to ensure ongoing compliance with cleaning/storage of patient equipment/toiletries.  Environmental audit will be conducted monthly and any actions implemented within a timely manner.  This will also be reviewed during reg 29 visits by Senior Management.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 18.7  <b>Stated:</b> First time  <b>To be completed by:</b> 16 July 2022	<p>The registered person shall ensure that there are regular reviews or audits of incidences of restraint and/or restrictive practices.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>  New provider restrictive practice audit in place which will reviewed/updated monthly for all Residents and maintained on file.  This will be checked by Senior Management during monthly reg 29 visits.</p>

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



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