



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 January 2020



Cairnmartin Court Care Home

Type of Service: Nursing Home (NH)
Address: 250 Ballygomartin Road, Belfast, BT13 3NG
Tel No: 028 9072 2050
Inspector: Sharon McKnight

www.rqia.org.uk

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 registered nursing home which provides care for up to 31 patients living with dementia.

3.0 Service details

Organisation/Registered Provider: Amore Elderly Care Limited Responsible Individual Nicola Cooper	Registered Manager and date registered: Fiona Archer 10 August 2018
Person in charge at the time of inspection: Fiona Archer	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

4.0 Inspection summary

An unannounced inspection took place on 7 January 2020 from 09.25 hours to 13.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the provision of staff, staffs attentiveness to patients and the homely environment.

There were examples of good practice found throughout the inspection in relation to the support of patients by staff and the provision of activities. The culture and ethos of the home supported patient choice. Activities arranged had a positive impact on patients. Systems were in place to provide management with oversight of the services delivered.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

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.

4.2 Action/enforcement taken following the most recent inspection dated 5 September 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 5 September 2019. This inspection was supported by pharmacy and finance inspectors. Other than those actions detailed in the QIP no further actions were required to be taken.

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

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- patients' agreements
- records of payments for treatment
- records of accidents and incidents
- records of the monthly visit completed on behalf of the registered provider
- three patient care records
- two patients' repositioning charts

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 5 (2) (a) (b) Stated: Second time	The registered person shall ensure that at least 28 days written notice is provided to each patient or their representative of any increase in the fees payable by or in respect of the patient; or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual patients' agreement are agreed in writing by the patient or their representative. Where the patient or their representative is unable to or chooses not to sign the agreement, this must be recorded.	Met
	Action taken as confirmed during the inspection: Records of correspondence to families and a review of signed individual patient agreements evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 4 (3) Stated: Second time	The registered person shall ensure that the personal allowance contracts for all of the patients within the home are reviewed to ensure that any expenditure which the home is currently making on behalf of the patient should reflect the authorisation provided by each patient or their representative.	Met
	Action taken as confirmed during the inspection: Records of correspondence to families and a review of signed records evidenced that this area for improvement has been met.	

Area for improvement 3 Ref: Regulation 19 (2) Schedule 4 (9) Stated: Second time	The registered person shall ensure that the person providing the hairdressing and podiatry services and a member of staff in the home sign the treatment records to verify the treatment and the associated cost to each patient/	Met
	Action taken as confirmed during the inspection: We reviewed the records of hairdressing and podiatry. These were signed by the person delivering the service and by a member of staff to confirm the service had been received. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that when dressing regimes are changed care plans are updated to reflect the current treatment.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that they reflected the current dressing regime. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that the frequency which patients are repositioned is in accordance with their care plan.	Met
	Action taken as confirmed during the inspection: Repositioning charts reviewed evidenced that patients were assisted to change their position in accordance with their care plans. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 35.7 Stated: First time	The registered person shall ensure that any areas for improvement identified during the monthly monitoring visit and, which have not been fully addressed by the next visit, are carried forward on the action plan.	Met
	Action taken as confirmed during the inspection: A review of the reports of the monthly monitoring visits evidenced that action plans were carried forward as required. This area for improvement has been met.	

Area for improvement 4 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: Records of patient property retained in the safe for safe keeping are reconciled monthly and the records signed by two staff. Systems have been introduced to ensure that personal property, for example clothes and personal belongings is reconciled quarterly. This area for improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and explained that staffing levels were kept under review in response to the needs of the patients and the occupancy of the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff were satisfied that there were sufficient staff to meet the needs of the patients.

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted as required. Records also evidenced that healthcare professionals in the relevant health and social care trust were informed of accidents at the time they occurred.

The registered manager completes a monthly analysis of accidents to identify any trends with the patients involved, time of the accident and the location.

The environment in Cairnmartin Court was warm, comfortable and fresh smelling throughout. Some bedrooms had been individualised with pictures, family photographs and items brought in from home. No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with hold open devices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of staff, staffs attentiveness to patients and the homely environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with patients throughout the day; those who could talk to us told us they liked where they were and that they were happy. Throughout the inspection we witnessed assistance being provided in response to individual need and numerous events which supported individual patient choice.

A range of assessments, to identify each patient's needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced. Supplementary care charts, for example food and fluid charts and repositioning charts were completed daily for patients as required. Staff were reminded of the need to ensure that the date the charts are completed is recorded; this was identified as an area for improvement.

Healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required.

Areas for improvement

One area for improvement was identified to ensure that supplementary care charts contain the date they are completed.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:25 hours and were welcomed into the home by the manager. We walked round the home mid-morning; patients were in the lounges, walking around the units or in their bedrooms, as was their personal preference. Some patients remained in bed. The atmosphere in the home was calm and relaxed.

Staff interactions with patients were observed to be compassionate, caring and timely. When providing reassurance to patients who were unable to say why they were anxious we observed staff spend time with the patient in an attempt to find out what they needed.

We provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

There is varied range of activities provided within the home. The weekly programme was displayed in various locations around the home to inform patients and their visitors of the daily activities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the support of patients by staff and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There are well established management arrangements in the home. The manager has been registered with RQIA since August 2018. They are supported in their role by a deputy manager; a clinical lead has recently been appointed to support the management team. We spoke with the deputy manager and clinical lead who knowledgeable of the day to day management of the home and of their role in ensuring that staff are supported to deliver good quality care. They both commented positively on the staff team and the support provided by the manager. A range of audits were completed by the management team; the manager maintains oversight of all of audits completed.

An unannounced visit was completed monthly on behalf of the responsible person to check the quality of the services provided in the home. The reports of these visits included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: 4.9</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that supplementary care charts contain the date they are completed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The immediate response was for all supplementary care records to be checked for compliance, including the entry of a correct and relevant date. Priory Group has established an Assessment of Completion of Supplementary Records Competency Tool. Home Management have issued a copy of this to the RN's in the first instance for review and completion. The competency completion has then been rolled out to the care workers for supervision and completion by the RN's. In addition to the RN's review of the supplementary records, the Senior Care Assistants conduct a review, part way through, and at the end of each shift, in order to address any issues arising in timely manner. A dedicated meeting with all the RN's was held by Home Management (28/01/2020) to address and discuss on going review and compliance with documentation. Compliance for keeping these records accurate is further monitored with the quality walk round monitoring process, including daily, weekly, monthly monitoring, documentation audits, night visits, governance reporting, external monitoring visits and 1:1 colleague reviews/supervisions.</p>
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