

Inspection Report

11 June 2024



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

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited	Registered Manager: Mrs Michelle Newe
Responsible Individual: Miss Amanda Mitchell	Date registered: 15 March 2022
Person in charge at the time of inspection: Mrs Michelle Newe – Registered 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: 30
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 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 11 June 2024 from 9.10 am to 6.05 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.

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 members 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.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

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, 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 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

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. One patient said, "The staff are very good and my family come to visit me", while another patient said, "I am so happy here. The food is like you would make at home."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "I am happy with the care and there is good communication with the staff. They treat my loved one with dignity and respect."

Staff spoken with said that Cairnmartin Court Care Home was a good place to work. One staff member said, "The teamwork is very good and the staff are very supportive." Staff commented positively about the manager and described them as supportive and approachable. The manager confirmed that there were good working relationships between staff and management. The manager was very complementary of all the staff who work in the home.

One response was received to the online survey from a relative/visitor to the home. The respondent was very satisfied with the care delivered in the home. Comments received included, "Recent renovations disrupted residents. Wasn't any notice given to relatives/family that these were taking place."

Five questionnaires were returned by patients and a further two by their relatives. All indicated they were happy with the care provided. Comments included, “The care is exceptional” and “my relative is safe here which makes me content to leave them here.” Other comments included, “Great craic and helpful. Good sense of humour,” and “I feel safe. The carers are attentive and kind.”

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 11 January 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: Second time	The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 16 (1) (2) (b) Stated: First time	The registered person shall ensure that patients care plans and risk assessments are regularly reviewed to reflect the needs of the patients; this should include their likes and preferences.	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: <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment 	Partially met

	<ul style="list-style-type: none"> • staff knowledge and practice regarding hand hygiene • management of clinical waste and laundry. 	
	<p>Action taken as confirmed during the inspection: This area for improvement has been partially met and is stated for a second time. This is discussed further in 5.2.3.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure contemporaneous records are maintained.</p> <p>This area for improvement is made with specific reference to completion of records for patients on one to one care, food and fluid intake and 30 minute checks.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure activities are planned and delivered to provide structure to the patient's day. These should be developed in consultation with the patients and reviewed at least twice yearly to ensure it meets patients changing needs.</p> <p>Individual activity assessments should be completed and reviewed as required to inform and compliment patient centred care plans. A contemporaneous record of activities delivered must be retained.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

Area for improvement 3 Ref: Standard 4.1 Stated: First time	The registered person shall ensure that the home's current infection prevention and control audit processes are reviewed to ensure they are effective.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall ensure that insulin pen devices have the dates of opening recorded.	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 a selection of recruitment records confirmed that pre-employment checks had been completed prior to each staff member commencing in post. Staff members including agency 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 registration with the Nursing and Midwifery Council (NMC) or with 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 manual handling, infection prevention and control (IPC) and fire safety.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels. Staff confirmed that staff meetings were held on at least a quarterly basis.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; relatives 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 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.

Management of wound care was examined. Review of a selection of care records confirmed that wound care was provided in keeping with care plan directions.

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 records regarding the management of falls evidenced that these were managed 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. Bedrail risk assessments clearly identified if bedrails were a suitable intervention.

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 spoke positively in relation to the quality of the meals provided.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Patients were supervised during mealtimes. 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. Records of patients' intake and outputs were recorded where this was required.

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. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Condiments and serviettes were not readily available or offered to patients during lunch. Menu choice records were not available for review. Discussion with staff confirmed these were not consistently completed. Staff also confirmed that patients who are on a modified diet did not receive a choice of meal at lunch time. This was discussed with the manager who agreed to review the mealtime experience with consideration given to patient choice, the introduction of a "safety pause" at mealtimes and the use of tablecloths and flowers to make the dining room more inviting. This will be reviewed at a future care inspection.

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 a selection of care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs. It was pleasing to note that nursing staff had updated care plans to reflect the changing needs of patients.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Some of the patient equipment and furniture in use was not effectively cleaned such as bed linen, armchairs, hoists, shower chairs and wheelchairs. This was discussed with the manager who agreed to meet with staff and monitor the cleanliness of the environment on their daily walk around. An area for improvement was identified.

It was observed that multiple areas in the home required repair or decoration. Areas of concern included; stained carpet at the foyer, damaged/stained bedroom and corridor walls and damaged/chipped skirting boards and door frames. In addition, a number of bedside tables were observed to be damaged and required fixing or replacing. The above observations were discussed with the manager who agreed to address the matters raised and review their environmental audit and refurbishment plans. An area for improvement was identified.

Concerns about the management of risks to the health safety and wellbeing of patients, staff and visitors to the home were identified. For example, a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health. This was discussed with staff who took immediate action. An area for improvement were identified. In addition, a member of housekeeping staff was not aware or familiar with dilution requirements for cleaning products. This was discussed with the manager who confirmed additional training would be arranged for housekeeping staff.

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 22 September 2023; all corrective actions identified by the fire risk assessor were signed off as completed by the manager.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of personal protective equipment (PPE) had been provided, although shortfalls in staff practice were noted. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some improvements were noted since the previous care inspection particularly in relation to the management of clinical waste and laundry although not all staff were observed to be bare below the elbow. An area for improvement was stated for a second time.

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 for meals or to the lounge to socialise.

Patients were observed listening to music and watching TV in their bedrooms or the lounge, while others enjoyed a visit from relatives. Relatives were complimentary of the activities. Comments received included, "The staff are very good and do activities. They play with a soft ball or do a colouring in book."

An activity planner displayed in the home confirmed varied activities were delivered which included a daily breakfast club, lounge games, movies, hand massage, puzzles and faith services. Some of the content of the activity schedule was repetitive and there was no evidence that the activities provided had been reviewed on at least a six monthly basis. This was discussed with the manager who confirmed there had been challenges in recruiting an activity co-ordinator although one had been successfully recruited and was due to start imminently. The manager agreed to review activity provision within the home. This will be reviewed at a future care inspection.

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.

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.

There has been no change in the management of the home since the last inspection. Mrs Michelle Newe has been the registered manager in this home since 15 March 2022.

Review of records 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 analysed on a monthly basis.

A review of the records of accidents and incidents which had occurred in the home found that these were well managed and reported 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. Review of a sample of audits confirmed that improvements were required regarding the frequency of and the detail within the home environment. This was discussed with the manager who agreed to review this. This will be reviewed at a future care inspection.

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 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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Michelle Newe, 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	
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 11 June 2024</p>	<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"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • management of clinical waste and laundry. <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Hand hygiene and PPE Audits have been enhanced from bi-weekly to daily to ensure increased oversight of staff compliance. These are conducted by the IPC champion, Deputy or Registered Manager.</p> <p>The Registered Manager has liaised with HR for support. A memo has been circulated to the entire team addressing issues raised, all staff have read and signed this and a copy has been placed on their personal file. Further issues with compliance will be addressed through disciplinary process if necessary.</p> <p>A team meeting has been arranged for 20/08/24 to address issues with IPC. Emphasis will be placed on the role of the IPC champion, roles and responsibilities of staff, management expectations, hand hygiene practice, donning and doffing practice and management of clinical waste and laundry.</p> <p>Monitoring of IPC will continue daily during the Registered Managers walk round and by the Regional Manager when completing the Regulation 29 monitoring visit. Any deficits identified will be addressed with staff at this time.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2024</p>	<p>The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound program for this work should be submitted, along with the returned QIP, for information and comment.</p> <p>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has completed a full environmental audit of bedrooms and communal areas. An action plan has been devised with time frames for actioning. This has been submitted alongside the QIP.</p> <p>On the day of inspection refurbishment works were in progress which included the addition of 2 bedrooms and upgrade of communal areas. Since the inspection these works have progressed and the environmental audit updated to reflect works completed to date.</p> <p>The Registered Manager will ensure quarterly environmental audits are completed and actions addressed within the specified timeframe.</p> <p>The maintenance person has been assigned a day every week to actively address/progress these actions.</p> <p>The Registered Manager will ensure oversight by signing off on actions once completed.</p> <p>The Regional Manager will review progress of the action plan during the monthly Regulation 29 monitoring visit.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2024</p>	<p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Supervision completed with Housekeeping staff to address the management of hazards within the home.</p> <p>The Registered Manager and Deputy Manager will continue to complete daily walk rounds to observe staff practice and ensure good compliance. Any deficits identified will be addressed at the time.</p> <p>The Registered Manager has met with the Head Housekeeper with regards to their role/responsibility in ensuring oversight of the housekeeping team. Spot checks have been developed, which will be completed by the Head Housekeeper daily. The Registered Manager will review and sign off on spot checks and ensure any actions for improvement are implemented within a timely manner.</p> <p>The Regional Manager will also complete a walk round during monthly Regulation 29 visits and observe compliance with management of hazards within the home.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2024</p>	<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 of the environment and patient equipment within the home.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has introduced equipment cleaning logs for the cleaning of equipment between each use. The Infection Control Champion and nurse in charge are both responsible for checking and signing off on these logs. A team meeting has been arranged for 20/08/24 to address environmental issues. Emphasis will be placed on the role of the IPC Champion, and role and responsibilities of all staff. Monitoring of equipment will continue daily during the Registered Managers walk round and by the Regional Manager when completing the Regulation 29 monitoring visit. Any deficits identified will be addressed with staff at this time.</p>

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