



# Inspection Report

**Name of Service: Cairnmartin Court Care Home**

**Provider: Healthcare Ireland (Belfast) Ltd**

**Date of Inspection: 16 July 2025**

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Healthcare Ireland (Belfast) Limited
<b>Responsible Individual:</b>	Miss Amanda Mitchell
<b>Registered Manager:</b>	Miss Joanne Elizabeth Alderdice – Not registered
<p><b>Service Profile –</b>            This home is a registered nursing home which provides general nursing care for up to 31 patients on the first floor. Patients have access to communal dining and social lounge areas in the home and a well maintained garden area.</p> <p>There is a separate registered residential care home which occupies the ground floor and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 16 July 2025 from 9.15am to 4.30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 June 2024.

As a result of this inspection, all four areas for improvement from the previous care inspection were assessed as having been addressed by the provider. However, areas for improvement were identified in relation to night time staffing, topical preparation management, management of mattress settings, records of repositioning and bowel management. Full details, including the new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

## **3.0 The inspection**

### **3.1 How we Inspect**

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service**

Patients told us that they were happy living in the home and that they were treated well by staff who were caring and supportive. Patients' comments included, "The staff are very good here," and, "I am very happy here". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so, however, staff raised concerns with the staffing arrangements; especially after 8.00pm.

There were no responses from the staff online survey and we received no questionnaire responses from patients or their visitors.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Staff told us that they had been trained well to perform their duties and training included dementia management. Training compliance rates were high on all topics. All staff felt that they worked well together and that the teamwork in the home was good, however, concerns were raised in relation to the staffing levels at night highlighting potential gaps in care delivery. Concerns were shared with the management team and an area for improvement was made to review these staffing arrangements.

Observation of the delivery of care during the day evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

A safe system was in place to validate the identity of agency staff when they arrived at the home and to ensure that agency staff received an induction before commencing their first shift.

#### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Patients spoke fondly on their interactions with staff.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records reflected when patients were repositioned. However, a review of repositioning records evidenced several gaps where the patients had not been repositioned in line with frequency required in their care plan. This was discussed with the manager and identified as an area for improvement.

Some patients required topical preparations, for example, creams, to maintain their skin integrity. Two patients' care records were reviewed where this care was required. One did not have the name of the cream required on their care plan. The second patient's topical medication administration record evidenced gaps where the creams were not recorded as administered in line with their care plan. This was discussed with the manager and identified as an area for improvement.

Pressure relieving mattresses were in place for those patients who required them. A review of a sample of mattresses in use confirmed that some had not been set in accordance with the patients' weights. This was discussed with the manager and identified as an area for improvement.

Patients had their continence needs assessed as part of their admission and continence care plans were drafted. Although, these did not include patients' normal bowel patterns; this is significant when planning where intervention is required. This was discussed with the manager and identified as an area for improvement.

Patients were presented well in their appearance and records of assistance with personal hygiene had been recorded well. Staff were aware of the actions to take if a patient refused assistance with hygiene needs.

Patients had good access to food and fluids throughout the day and night. Dining experience audits were conducted monthly which indicated that safety pauses were held with staff prior to the serving of meals to ensure that patients received their meals in accordance with their nutritional requirements. Menus, in written and pictorial format, were on display reflecting the food served. Records of food and fluid intake had been recorded well where this was required.

An activities programme was displayed identifying the planned activities for morning and afternoons each day. There was an activity co-ordinator and each day an activity champion was allocated. The co-ordinator had attended recent activity related training. Activities included reminiscence, sensory activities, exercises, games, massage, book readings, movies and relaxation. A notice displayed encouraged relatives to be part of the activity provision in the home. On the day of inspection, we observed eight patients taking part in a parachute ball game. All were participating well and appeared to enjoy the activity.

Patients' meetings and separate relatives' meetings were hosted quarterly. A notice identified a 'Weekly Clinic' where the manager set aside time to address any concerns from relatives/patients. The manager also confirmed that their door was always open to address any concerns.

### **3.3.3 Management of Care Records**

A nurse assessed patients' needs at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the patients' needs. Risk assessments and care plans were reviewed regularly to ensure that they remained up to date. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care.

### **3.3.4 Quality and Management of Patients' Environment Control**

The home was warm, comfortable and visibly clean. There were no malodours in the home. Daily and weekly records of cleaning had been well maintained. An infection prevention and control (IPC) champion had been allocated and monitored the cleanliness of equipment in use. Monthly domestic and decontamination audits were completed. In addition, there were monthly IPC and environmental audits completed. All actions on a previous refurbishment action plan had been completed and a new refurbishment plan had been developed following the most recent audits.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Several audits were conducted to monitor staffs' practices on hand hygiene and use of personal protective equipment. The manager confirmed that, in addition to this, they conducted a daily walk around the home to monitor the environment and practices. Personal protective equipment was readily available throughout the home.

### **3.3.5 Quality of Management Systems**

There has been a change in the management of the home since the last inspection. Miss Joanne Alderdice has been covering the management of the home since 23 August 2024. Plans were in place for the registered manager to return. Staff commented positively about the manager and described her as supportive, visible and approachable.

Daily 'Flash Meetings' took place to identify any concerns relating to the environment or care issues at an early stage.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

## **4.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Joanne Alderdice, Manager and Mrs Karen Agnew, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (16 July 2025)</p>	<p>The registered person shall ensure that patients are repositioned in accordance with the frequency identified on their care plan.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Best practice in relation to assisting residents with repositioning was discussed during a staff meeting on 07/08/2025. The new PCS system has been implemented, and planned care within this system has been reviewed for each resident in consultation with carers to ensure repositioning schedules are achievable in a timely manner. Expectations regarding repositioning have been communicated to the team and are also highlighted in the Night Allocation folder. The Registered Manager completes daily spot checks of repositioning charts, with findings documented. Compliance is further reviewed by the Regional Manager during Regulation 29 visits.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (16 July 2025)</p>	<p>The registered person shall ensure that pressure mattress settings are set in accordance with the patient's weight.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Mattress setting checks will be completed by the Registered Nurses on duty during both day and night shifts. This is a live document and will be updated promptly to reflect any changes for residents. The document will be submitted to Management for review each week. A memo outlining the requirements have been communication to all Registered Nurses via email. The Home Manager will monitor effective completion of the document during daily walk rounds, with further oversight provided by the Regional Manager as part of Regulation 29 visits.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 August 2025</p>	<p>The registered person shall review the staffing arrangements in the home, taking into consideration the deployment of staff and working practices, to ensure that patients' needs are met at all times.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Recruitment for the twilight shift is ongoing. A Care Assistant (16.5 hours) has been successfully recruited and commenced employment on 01/09/2025. Remaining shifts are currently being covered by external agency staff, with block bookings arranged where possible to support continuity. Twilight shift tasks have been defined to ensure staff are fully aware of their roles and responsibilities. Twilight staff are also clearly identified on the weekly rota.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (16 July 2025)</p>	<p>The registered person shall ensure that when patients require topical preparations as part of their treatment, care records will include:</p> <ul style="list-style-type: none"> <li>• The name of the topical preparation required and frequency of administration.</li> <li>• Accurate details of the administration in line with the frequency required.</li> </ul> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> An audit of Topical Medications is completed by the Registered Manager and reviewed monthly as part of the medication audit process in line with the Clinical Care and Governance Framework. All prescriptions and application instructions are reflected within residents' care plans. The application of topical medications is also incorporated into each resident's planned care within the PCS system.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21 Criteria (11)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that continence assessments on admission include patients' normal bowel patterns and continence care plans advise on the actions to take should a patient be outside of this normal range.</p> <p>Ref: 3.3.2</p>
<p><b>To be completed by:</b> 16 August 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> Residents' bowel patterns will be identified as part of the pre-admission assessment process and recorded within the initial continence assessments for all new admissions. Bowel patterns are reflected in residents' care plans, with an action plan in place where bowel function presents outside the normal range. Spot checks of bowel charts are completed daily during the Registered Manager daily walkthroughs, with oversight provided by the Regional Manager during monthly Regulation 29 visits.</p>

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



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