

Inspection Report

Name of Service:	Cairnmartin Court Care Home
Provider:	Healthcare Ireland (Belfast) Ltd
Date of Inspection:	25 June 2026

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

1.0 Service information

Organisation:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Miss Amanda Mitchell
Registered Manager:	Miss Iulia Nicolae – not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 33 patients who have a dementia. The nursing home is situated on the first floor of the building and patients have access to communal living and dining areas. There is a separate registered residential care home which occupies the ground floor of the building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 25 June 2026 from 9.20am to 5.15pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 11 November 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led.

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

As a result of this inspection the area for improvement from the previous care inspection was assessed as having not been sufficiently addressed by the provider and stated for the second time. Four new areas for improvement were identified. Details can be found in the main body of the report and in the quality improvement plan (QIP) in Section 4.

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, "I am happy here; the care is good". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from patients or relatives.

Relatives consulted responded positively in relation to the care provision in the home. One told us, "It's great here. Staff are very good and always welcoming. We are told the codes to get in and out. Relatives' meetings do happen". Another said, "Staff are very patient and always polite. They would knock the door before coming in. There is a great variety of food here".

A visiting professional complimented staff in the home and told us that they adhered well to any recommendations left.

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. There were no responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

All appropriate recruitment safety checks had been verified prior to staff commencing in post. Newly employed staff completed a structured induction at the commencement of their employment which included mandatory training. The induction period could be extended further depending on the inductee ability.

A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements with the majority of staff 100% compliant in most topics. In addition to the training, registered nurses completed regular competency assessments on medication management, tissue viability, urinary catheterisation, syringe driver management and on taking charge of the home.

Staff told us they were satisfied that the number and skill mix of staff on duty met the needs of the patients. They discussed a recent change in the twilight hours which had a positive impact. A daily allocation sheet directed staff to identified tasks which they were responsible for and to which patients they were to care for and when. This included planned checks on patients' whereabouts.

Patients or relatives raised no concerns in relation to the staffing arrangements. Observation of the delivery of care 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.

Minutes of recent staff meetings were available to all staff to aid in the communication within the home.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Interactions between staff and patients were noted to be caring and compassionate. Patients were well presented in their appearance and spoke fondly about the staff.

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. Patients told us that they had choice in where and how they spent their day, what they wore and what they had to eat.

Staff confirmed that they received a detailed handover at the commencement of their shift and the information shared included important aspects of patients' needs, especially changes to care.

A review of accident records evidenced that, following an unwitnessed fall, the correct actions had been taken and the correct persons notified. Staff consulted during the inspection were aware of the actions to take, depending on their role, when they found a patient on the floor. Accidents in the home were reviewed monthly for any patterns and trends in an effort to prevent any future falls from occurring.

Prior to mealtimes, a nominated mealtime coordinator conducted a 'safety pause' with staff involved in serving or assisting with meals where they got together and verified each patient's nutritional requirements. Staff confirmed that when nutritional needs changed, this was communicated to all staff and handover documentation updated. However, when a change did occur, while the main eating and drinking care plan was amended to reflect the change; associated care plans had not been. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff were noted to give good verbal instructions to patients when assisting them to the dining room. Food was only served when the patients were ready to eat their meal. A range of drinks was served with the meals. The meals served appeared appetising and nutritious. Assistance with meals was given in an unhurried manner and at a relaxed pace. Patients enjoyed their meal and spoke positively on the quality of their meal.

Activities for patients were provided incorporating both group and one to one activities. Birthdays, special events and annual holidays were celebrated. External people, such as, the music man and/or the pet therapist was arranged to come in and entertain the patients. Regular patients' meetings occurred where patients could discuss which activities they would like to do. Planned activity programmes were displayed on communal corridor walls to advertise upcoming activities. In addition to the activity therapist, nominated care staff were identified as 'activity champions' to conduct morning and afternoon activities. This was seen as a good practice.

All patients' activity engagements were recorded. A newsletter was published quarterly for patients and relatives. Patients and relatives had access to a private Facebook page where they could view photographs of patients enjoying the activities. Photographs had been consented to prior to display. A relative told us, "There is a really good variety of activities that caters for all interests and abilities". There was a notice displayed informing of the date for the next relatives' meeting.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. Care records were stored securely.

Supplementary care records were maintained to evidence the care delivered to patients. The records included personal care delivery, food and fluid intake, repositioning, checks made on patients and continence care.

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

Hand hygiene facilities and a sign in book was available at the entrance to the home to record all visitors to the home and encourage hand hygiene prior to entering.

Patients' bedrooms were personalised with items important to them and included 'about me' posters which included information personal to them, such as, their hobbies and interests. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There were no malodours in the home. Doors leading to rooms which contained hazards to patients had been appropriately locked to restrict access.

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.

Some areas of the environment did pose a potential risk to staff safety. For example, a storage room was cluttered making retrieving items from it difficult and a room, which only staff used, had a leaking fridge creating a repeated daily slip hazard. This was discussed with the manager and identified as an area for improvement.

Monthly infection control and environmental audits were completed to monitor the environment and staff practices. Although, during the inspection we identified areas which were not in keeping with best practice on infection prevention and control. In addition, we identified equipment and flooring which had not been cleaned effectively. Areas for improvement were identified. Personal protective equipment and hand hygiene facilities were readily available throughout the home.

When patients were transferred through the home via wheelchairs, lap belts had not been applied to ensure the patient's safety during transit. This was discussed with the manager and identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Miss Iulia Nicolae has been managing the home since 8 December 2025. Staff commented positively about the manager and described her as supportive and approachable.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager had a suite of audits to complete.

The number of complaints to the home was low. There was a system in place to manage any complaints received. A compliments log was maintained which included cards and verbal compliments received. All compliments received were shared with staff.

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
Total number of Areas for Improvement	2*	3

*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 the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Second time To be completed by: With immediate effect (25 June 2026)	The registered person shall ensure that all relevant care plans and evaluations consistently reflect any changes made to a patient's nutritional needs. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The registered person will ensure that each patient's nutritional needs are assessed regularly and that any changes are promptly reflected in their care plan and relevant evaluations. Staff are informed of any changes through handover sheets and safety huddles, and care plans are updated to include the patient's current dietary requirements, preferences, allergies, risks, and any support required with eating and drinking. Staff also monitor the patient's nutritional intake and wellbeing and review the care plan regularly to ensure it remains accurate and reflects their current needs. Any significant changes are communicated to the appropriate to healthcare professionals and documented accordingly. Supervisions were completed with the staff members to reinforce the importance of maintaining high standards in relation to accurate, timely, and consistent recording on PCS. The staff members were reminded of their responsibility to ensure all relevant information is documented appropriately and in line with organisational policies and procedures.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect (25 June 2026)	The registered person shall ensure that the infection control issues identified on inspection are managed appropriately. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure that all infection control issues identified during inspections are promptly recognised, appropriately assessed, and addressed. Any concerns identified are documented, and appropriate actions are put in place to reduce the risk of infection. Staff are informed of the required improvements, and actions are monitored to ensure they are completed effectively. Infection prevention and control practices are reviewed regularly to ensure compliance with current guidance and to maintain a safe environment for patients, staff, and visitors.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 47 Criteria (3) Stated: First time To be completed by: With immediate effect (25 June 2026)	The registered person shall ensure safe working environments in the home: Storage areas are kept tidy and not cluttered. Wet floor signage is in place to warn of potential slip hazards when floors are wet. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure that a safe working environment is maintained throughout the home. Storage areas are regularly checked and kept clean, tidy, and free from unnecessary clutter to minimise risks and maintain safe access. Staff are reminded to return items to their designated storage areas after use. When floors are wet, appropriate wet-floor warning signs are placed immediately to alert staff, residents, and visitors of potential slip hazards. These measures are monitored through regular checks and daily walkthrough to ensure that the home remains safe and that any identified hazards are addressed promptly.
Area for improvement 2 Ref: Standard 46 Criteria (2) Stated: First time To be completed by: With immediate effect (25 June 2026)	The registered person shall ensure that equipment in use and flooring in the home is kept clean. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure that all equipment in use throughout the home and all flooring are kept clean and maintained to a high standard. Cleaning is carried out regularly in accordance with the home's decontamination schedule and infection prevention and control procedures. Staff are responsible for cleaning equipment after use where required and reporting any damage or concerns promptly and reported them to Elogs. Floors are cleaned routinely and any spillages are dealt with immediately to maintain a safe and hygienic environment for residents, staff, and visitors. Regular checks are undertaken to ensure cleaning standards are maintained.

Area for improvement 3 Ref: Standard 22 Stated: First time	The registered person shall ensure that lap belts are applied when patients are being transported in wheelchairs, unless, there is a clinical reason for not using them. Ref: 3.3.4
To be completed by: With immediate effect (25 June 2026)	Response by registered person detailing the actions taken: Staff are required to check that the lap belt is correctly positioned, securely fastened, and used in accordance with the resident's care plan and risk assessment. Where a lap belt is not appropriate for clinical reasons, this is clearly documented, with appropriate alternative measures put in place to maintain the resident's safety. Staff are provided with guidance on the safe use of wheelchair lap belts, and compliance is monitored through regular checks and care plan reviews. This requirement has been reinforced through individual staff supervisions, and staff have been reminded of their responsibilities regarding the safe use of wheelchair lap belts.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews