The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cairnmartin Court Care Home

Provider: Healthcare Ireland (Belfast) Ltd

Date of Inspection: 27 July 2026

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

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual	Ms Amanda Mitchell
Registered Manager:	Miss Iulia Nicolae, not registered
Service Profile: Cairnmartin Court Care Home is a nursing home registered to provide nursing care for up to 33 patients living with 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 27 July 2026, from 9.45am to 3.30pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine administration records and medicine related care plans were mostly well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. However, improvements were necessary in relation to updating of personal medication records and the management of inhaler spacer devices.

Whilst areas for improvement were identified, there was evidence that, patients were being administered their medicines as prescribed.

Details of the inspection findings, including new areas for improvement identified and areas for improvement carried forward for review at the next inspection can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well

RQIA would like to thank the staff for their assistance throughout the inspection.

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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

Some personal medication records were not up to date with the most recent prescription and some were incomplete. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. An area for improvement was identified.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions, pain, insulin and warfarin was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

The management of thickening agents and nutritional supplements was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained. The prescribing of laxatives with thickening agents was discussed. The home manager agreed to contact the GP for further discussion.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

Some inhaler spacer devices were observed which were not clean. These must be cleaned/ replaced in line with the manufacturer's recommendations. An area for improvement was identified.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines, which are subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed/ action plans had been implemented and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step.

Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed. The audits were discussed in detail with the nurses on duty and the manager for on-going monitoring.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

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	3*	4*

* the total number of areas for improvement includes five, which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Iulia Nicolae, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 27 July 2026	The registered person shall ensure that personal medication records are accurately maintained, up to date and obsolete personal medication records are cancelled and archived. Ref 3.3.1 **Response by registered person detailing the actions taken:** The Registered Person has ensured that all staff responsible for medicines management have been formally reminded of their regulatory duty to maintain accurate records. To prevent errors, all outdated or altered records will be removed from circulation and securely archived. The Registered Person completed 1-to-1 supervision sessions with staff to reinforce record-keeping accountability. To ensure these standards are consistently maintained and to prevent recurrence, the Registered Person will continue to conduct routine Medication Audits and complete spot checks during daily walkabout.
Area for improvement 2 **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. **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0

Area for improvement 3 **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. **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 45 **Stated:** First time **To be completed by:** 27 July 2026	The registered person shall ensure that inhaler spacer devices are cleaned/replaced in line with the manufacturer's recommendations Ref: 3.3.2 **Response by registered person detailing the actions taken:** The Registered Person will ensure that robust infection prevention and control (IPC) standards are maintained for all respiratory equipment. Nursing staff have been formally instructed on the protocol for the hygienic management of inhaler spacer devices. Moving forward, all spacers will be systematically cleaned and replaced in strict accordance with the manufacturer's guidelines. To prevent cross-contamination and ensure resident safety, each spacer device will be stored in an individual, clearly named, and sealed zip-lock bag. To ensure sustained compliance and prevent recurrence, a dedicated Spacer Device Log and Inspection Checklist has been implemented. Nursing staff will conduct regular audits of all respiratory equipment. Any spacer device identified as damaged, unsuitable, unhygienic, or beyond its recommended replacement period will be removed from circulation and replaced immediately. Compliance will be continuously monitored by the Registered Manager through routine IPC audits and clinical staff supervisions.
Area for improvement 2 **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. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**

	Ref: 2.0
Area for improvement 3 **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
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 4 **Ref:** Standard 22 **Stated:** First time **To be completed by:** With immediate effect (25 June 2026)	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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0

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