

Unannounced Care Inspection Report 15 June 2017



Cairnmartin Court Care Home

Type of Service: Nursing Home

Address: 250 Ballygomartin Road, BT13 3NG

Tel no: 028 9072 2050

Inspector: Sharon McKnight and Lyn Buckley

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 62 persons.

3.0 Service details

Organisation/Registered Provider: Amore Elderly Care Limited Responsible Individual: Nicola Cooper	Registered manager: Michelle Montgomery
Person in charge at the time of inspection: Patricia Amiral, deputy manager	Date manager registered: 10 June 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years..	Number of registered places: 62 A maximum of 31 patients in categories NH-I and NH-PH(E) and a maximum of 31 patients in category NH-DE. Category NH-PH for 2 identified patients only.

4.0 Inspection summary

An unannounced inspection took place on 15 June 2017 from 09:30 to 16:30.

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.

The inspection assessed progress with any areas for improvement identified during and 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. In June 2017 the Belfast Health and Social Care Trust made RQIA aware of a number of possible regulatory issues. Following discussion with senior management at RQIA, it was agreed that, as an inspection was scheduled, the inspection would focus on the areas of concern raised.

Evidence of good practice was found in relation to the provision of staffing and the home's environment. There were examples of good practice found throughout the inspection in relation to the atmosphere in the home, the management of the meal times, activities and staff knowledge of patients' wishes and preferences.

Areas for improvement were identified with the laundry to ensure infection prevention and control measures were adhered to and that there were sufficient arrangements to ensure the regular laundering of linen and clothes. Compliance with these areas for improvement are required in accordance with regulation.

Areas were identified for improvement under the standards in relation to identifying and communicating the nurse in charge of the home in the absence of the registered manager, the completion of induction records for agency staff and with care records.

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	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Amiral, deputy manager and Caron Conroy, quality support 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 7 February 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 February 2017. 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.

In June 2017 the Belfast Health and Social Care Trust made RQIA aware of a number of possible regulatory issues. If RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate actions are required; this may include an inspection of the home.

Following discussion with senior management at RQIA, it was agreed that, as an inspection was scheduled, the inspection would focus on the following areas:

- Staffing
- staff training and induction
- systems to ensure safe manual handling of patients
- management of continence
- accident and incident reporting

The inspection also sought to assess progress with any issues raised during and 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with four patients individually and with others in small groups, three registered nurses, one senior care assistant, nine care assistants, two members of housekeeping staff, two visiting care managers and seven patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for all staff from 8 May 2017 to 11 June 2017
- staff training records
- staff induction records
- incident and accident records
- inventory of manual handling equipment
- seven patient care records
- care record audits
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 07 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 09 November 2016

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 14(2)(c) Stated: First time	The use of the extension lead and its positioning must be reviewed to ensure that, as far as is reasonably practicable unnecessary risks to health and safety of patients are identified and so far as possible eliminated	Met
	Action taken as confirmed during the inspection: We observed that the extension lead identified during the previous inspection was no longer in use. No issues were identified with the use of extension leads during this inspection. This requirement has been assessed as met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.1 Stated: First time	It is recommended that an initial plan of care based on the pre admission assessment and referral information should be in place within 24 hours of admission.	Met
	Action taken as confirmed during the inspection: A review of one patient's care records recently admitted to the home evidenced that an initial plan of care was put in place on the day of admission. This recommendation has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The deputy manager confirmed the planned daily staffing levels for the home. A review of the staffing roster for the period 8 May 2017 to 11 June 2017 evidenced that generally planned staffing levels were adhered to. In addition to nursing and care staff, the deputy manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily. One member of staff was employed to deliver activities. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Patients and relatives spoken with during the inspection commented positively regarding the staff and care delivery. Those patients who could express their opinion were satisfied that when they required assistance staff attended to them in timely manner. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients.

We sought relatives' and staff opinion on staffing via questionnaires. Completed questionnaires were received from three relatives and six staff. All of the respondents were satisfied with the provision of staffing.

The nurse in charge of each unit was identified on the staffing rota; there was no nurse identified to take charge of the home when the registered manager or deputy manager was off duty. On the day of the inspection each registered nurse was aware of who was in charge of each unit however they were unclear as to who was in charge of the home when the deputy manager went off duty that evening. The nurse in charge of the home when the manager is off duty should be clearly identified for each shift on the staffing rota and communicated to staff. This was identified as an area for improvement under the standards.

We discussed the plans in place to recruit registered nurses and were informed that a recent recruitment campaign had been undertaken and three nurses employed. The recruitment process had not been fully completed at the time of this inspection and therefore the candidates had not commenced employment. We discussed the use of staff supplied by an employment agency. The deputy manager confirmed at present, due to nursing vacancies, there was an agency nurse on each shift. The deputy manager confirmed that they attempted to secure the same nurses to support continuity of care. A copy of the staff profile and training records for agency nurses was available in the nursing office on each unit. We spoke with one agency nurse on duty who confirmed that she had worked previously in the home and had been given an induction to the building on her first shift; she was unaware if there were any records of the induction. Discussion with the nurse in charge of each unit confirmed that they were aware of the importance of staff induction and provided a blank copy of the induction programme. Six staff files for agency nurses were reviewed and evidenced that only one had a recorded induction. Induction records should be maintained to evidence that agency staff complete a structured orientation and induction to the home. This was identified as an area for improvement under the standards.

We discussed the provision of mandatory training with staff and reviewed the training records for 2016/2017. Management had identified that compliance with mandatory training required improvement. They explained that dates for training in manual handling had been arranged for 4 July 2017 and adult safeguarding was arranged for 4 July 2017. Electronic mail correspondence evidenced that these dates had been confirmed. We were assured that there were systems in place to ensure all staff received mandatory training. It was agreed that we would review compliance at the next scheduled inspection to ensure improvement has been achieved. Staff spoken with confirmed that, in addition to training provided by the home, training opportunities were also offered by the local health and social care trust and that they were encouraged and facilitated to attend by the registered manager.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since March 2017 confirmed that these were appropriately managed. Records evidence that post fall observation and action charts were completed following each fall. A monthly analysis to identify any trends in the time and location of accidents was completed.

We reviewed the arrangements in place to ensure there was a safe system for moving and handling patients. The deputy manager explained that a recent audit had been undertaken of the hoists and slings available in the home. The audit included what equipment was available, the location within the home and if there was sufficient provision to meet the needs of the patients. Records evidenced that additional hoist slings had been ordered to ensure each patient had their own designated sling. Staff spoken with aware of the recent audit and the purchasing of additional slings. Staff confirmed that they were informed of each patient's manual handling needs, including the number of staff they required for assistance and the type of equipment they required, if any. In the dementia unit patient's individual moving and handling needs were discreetly displayed in some bedrooms. This was discussed with staff who explained that some of the laminated notices had been taken down to be updated. The assessment and recording of patients' manual handling needs are further discussed in section 6.5

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout.

We visited the laundry and observed that one washing machine was out of service. Discussion with staff confirmed that the washing machine had been out of service for a number of weeks. A number of laundry bags with daily washing and a number of red laundry bags containing soiled chair cushions, pillows and duvets were observed. Staff explained that the red bags had been there for approximately 2 weeks but due to only having one operational washing machine they had to prioritise patients' clothing, sheets and towels. There had been no opportunity to wash these soiled items due to the second washing machine being out of service. This was of particular concern as the home had recently had an outbreak of infection. These items, soiled during the infectious outbreak, were still waiting to be laundered. The registered person must make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. It was agreed that interim arrangements would be put in place to ensure the backlog of soiled laundry was addressed. This was identified as an area for improvement under regulation.

The registered person must also arrange for regular laundering of linen and clothes. It was agreed that the interim arrangements for the management of the laundry would remain in place until the laundry was fully operational again. This was identified as an area for improvement under regulation.

Prior to the conclusion of the inspection it was confirmed that the identified washing machine would be replaced. We were also informed of the interim arrangements to ensure that all items are laundered in a timely manner. RQIA must be informed when the identified washing machine has been replaced.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of staffing and the home’s environment.

Areas for improvement

There were areas for improvement identified under regulations in relation to minimising infection risk and the arrangements for regular laundering of linen and clothes.

There were areas for improvement identified under the standards in relation to the nurse in charge arrangements and induction of agency staff.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

We reviewed seven patients care records with regard to the management of continence care and the management of patients moving and handling needs. Four of the seven patients reviewed had a continence assessment completed, three did not. Six of the seven patients had a care plan in place to address their continence needs. Care plans contained good details of the patients individual needs, the level of assistance required and the type of continence product required, if any.

Five patients had a manual handling assessment completed; two of the five assessments did not indicate which size of hoist sling the patient required; two patients had not had an assessment completed. All of the patients reviewed had a care plan in place for mobility. However the interventions in one of the care plans were generic and did not identify the patient’s specific needs.

All patients should be comprehensively assessed and care plans created which clearly identify patients’ needs and specify the exact type of equipment/aids they require. This was identified as an area for improvement under the standards.

Assessments and care plans were reviewed regularly to ensure they continued to meet the patients' individual needs.

We discussed with the deputy manager how patients' care needs were communicated between staff. They explained they were in the process of introducing a handover report sheet for each unit. This would provide an easy reference report of the key areas of care. The report we reviewed contained the following information for each patient:

- the supplementary care charts to be completed, for example repositioning, fluid intake
- their moving and handling needs including number of staff required for assistance and any equipment
- site of any wounds
- accidents in the past week
- additional information, for example family requests/concerns

Some staff spoken with were not aware of the proposed hand over report sheet however all staff were enthusiastic with regard to its introduction and were of the opinion it would be a beneficial tool to aid good communication.

We discussed with staff how patient and care needs were currently communicated. They advised that they received a handover report at the start of each shift and that they could access the care records at any time.

Staff were of the opinion that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with patients, relatives and their colleagues.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication of care needs and team work

Areas for improvement

An area for improvement under the standards was identified in relation to patient assessment and care planning.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

There was a calm atmosphere throughout the home and staff were busy attending to the needs of the patients. Patients were observed either in their bedrooms as was their personal preference, walking around the home or seated in the dining room or lounge areas again in keeping with their personal preference. Staff interaction with patients was observed to be compassionate, caring and timely. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There was evidence that patients were involved in decision making about their care. Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff encouraged those patients who could express their preference to do so and demonstrated a detailed knowledge of patients' likes and dislikes for those patients who were unable to express their opinion.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Discussion with patients individually and with others in smaller groups, confirmed that they were content living in the home. One patient commented "great place, great girls."

We observed the serving of the lunch time meal in both units. The meal served smelt appetising and patients were complimentary regarding the food. Staff were present in the dining rooms and lounge throughout the meal time and assistance was offered in timely manner. Tables were nicely set with cutlery and napkins; specialist cutlery and plate guards were available to help patients who were able to maintain some level of independence as they ate their meal. Patients who remained in their bedrooms had their meals served on a tray; we observed that the meals were covered prior to leaving the dining room.

We spoke with the activity co-ordinator who continues to have great enthusiasm for her role within the home and strived to engage with all of the patients in some form of meaningful activity. The activity co-ordinator reported that she felt she was well supported by management to fulfil her role. A coffee morning took place with a number of patients in the café during the inspection. We observed patients engaged in singing and dancing. Given the level of chat and laughter it was evident that patients were enjoying themselves. Patients consulted with stated that there were different activities they could participate in. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in.

As previously discussed we spoke with the relatives of three patients. All commented positively with regard to the standard of care and communication in the home. One relative commented "great place, no worries."

We spoke with two care managers who were undertaking care management reviews. Both commented that the outcome of the reviews were positive and that families were happy with the care their relatives were receiving.

Ten relative questionnaires were issued; three were returned within the timescale for inclusion in this report. The respondents indicated that they were either very satisfied or satisfied that care was safe, effective, compassionate and well led. No additional comments were provided.

Ten questionnaires were issued to staff; six were returned. The staff members, from both the general nursing unit and dementia unit were either satisfied or very satisfied that the care in the home was safe, effective and compassionate and that the service was well led. No additional comments were provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the atmosphere in the home, the management of the meal times, activities and staff knowledge of patients' wishes and preferences.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 were temporary management arrangements in place at the time of the inspection as the registered manager was on planned leave. Staff spoken with were aware of the management arrangements and who to raise concerns with in the absence of the registered manager.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the registered manager in positive terms. Staff described how they felt confident that the registered manager would respond positively to any concerns/suggestions raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to working relationships and support from management.

No areas for improvement were identified during the inspection.

	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 Patricia Amiral, deputy manager and Caron Conroy, quality support 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 to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection.</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>All linen must be laundered in a timely manner.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: New washing machine has now been purchased and fitted. Laundry service is now back to normal routine.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 18(1)(e)</p> <p>Stated: First time</p> <p>To be completed by: 13 July 2017</p>	<p>The registered person shall arrange for regular laundering of linen and clothes</p> <p>RQIA must be informed when the identified washing machine has been replaced.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Washing was out sourced until the new washing machine was received and fitted.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 13 July 2017</p>	<p>The registered person shall ensure that the nurse in charge of the home in the absence of the registered manager is clearly identified for each shift on the staffing rota and communicated to staff.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The nurse in charge of the service is now highlighted on the rota, and is displayed in the foyer.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 13 July 2017</p>	<p>The registered person shall ensure that records are maintained to evidence that agency staff complete a structured orientation and induction to the home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Agency staff profiles are now received prior to the shift and induction completed and kept on file with profile.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 13 July 2017</p>	<p>The registered person shall ensure that all patients are comprehensively assessed and care plans are in place which clearly identify patients' needs and specify the exact type of equipment/aids they require.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Care plans are being updated to reflect the name of hoist and size of sling required.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk



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