



Unannounced Care Inspection

Name of Establishment:	Cairnmartin Care Home
RQIA Number:	11101
Date of Inspection:	24 February 2015
Inspector's Name:	Lyn Buckley
Inspection ID:	IN020241

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of establishment:	Cairnmartin Court Care Home
Address:	250 Ballygomartin Road Belfast BT13 3NG
Telephone number:	02890722050
Email Address:	michellebaird@priorygroup.com
Registered organisation/Responsible individual/Registered provider:	Priory Elderly Care Ltd Caroline Denny – responsible individual
Registered manager:	Michelle Baird
Person in Charge of the Home at the Time of Inspection:	Ms M McGuigan - registered nurse in charge of the home
Categories of care:	NH – I, PH, PH(E) and DE
Number of registered places:	62
Number of patients accommodated on day of inspection:	60
Scale of charges (per week):	£581 - £606
Date and type of previous inspection:	Secondary unannounced care inspection 31 March 2014
Date and time of inspection:	24 February 2015 13:45 – 17:30 hours
Name of inspector:	Lyn Buckley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following: amend as relevant

- discussion with the regional operations manager
- discussion with the nurse in charge of the home
- discussion with staff
- discussion with patients individually and with others in groups
- consultation with relatives
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of patient care records
- review of the complaints
- observation during a tour of the premises
- evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	10 individually and the majority of others in smaller groups
Staff	5
Relatives	8
Visiting Professionals	1

Questionnaires were provided by the inspector, during the inspection, to patients representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients	0	0
Relatives/Representatives	6	3
Staff	10	8

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Cairnmartin Court Care Home is a purpose built detached private nursing home. The home is managed and operated by the Priory group of homes. The registered responsible individual is Ms Caroline Denny and the home manager is Ms Michelle Baird.

The home offers bright and spacious accommodation for 62 patients on the ground and first floors. The bedrooms are all single rooms with en-suite shower and toilet facilities. Each has been furnished with a profiling bed and a range of furniture providing storage for patients' personal possessions.

There are sitting rooms and dining rooms located throughout the home, all are tastefully decorated and have comfortable furnishings. The main sitting room on the ground floor looks out on to an enclosed garden situated at the rear of the building. The first floor sitting room provides a panoramic view of North and East Belfast. All patients have access to the garden. Communal areas have been developed to provide differing experiences for patients. For example a tea room on the ground floor and a 'pub' on the first floor.

There are two assisted bathrooms on each floor, of the home, ensuring that bathing facilities are available for patients. Communal toilets are located throughout the home and are clearly signed for ease of identification.

A passenger lift ensures that facilities are accessible to all patients and visitors.

The second floor accommodates the laundry, kitchen, staff rest rooms, storage space and a staff training room.

The home is registered to provide nursing care within the following categories and conditions:

Nursing care (NH)

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65 for two named patients only
PH(E)	physical disability other than sensory impairment over 65 years
DE	dementia care to a maximum of 31 patients accommodated within the dementia unit on the ground floor.

8.0 Executive Summary

This unannounced care inspection of Cairnmartin Court Care Home was undertaken by Lyn Buckley on 24 February 2015 between 13:45 and 17:30 hours. The inspection was facilitated by the registered nurse in charge of the home Ms M McGuigan. Verbal feedback at the conclusion of the inspection was provided to Mr Gavin O'Hare-Connolly, regional operations manager (NI) and Mrs R Dilworth, registered manager of another nursing home within the organisation.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 31 March 2014.

As a result of the previous care inspection six requirements and five recommendations were made. It was evidenced that all requirements and recommendations had been complied with. For details refer to the section immediately following this summary.

Additional areas were also examined including:

- care practices
- complaints
- patient finance questionnaire
- NMC registrations
- patients' and relatives' comments
- staff comments
- staffing
- environment

Refer to section 11 for details.

An inspection of the premises included a random sample of patients' bedrooms, bathroom, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

During the inspection staff were observed to treat the patients with dignity and respect. Good relationships were evident between patients and staff. The demeanour of patients who were unable to express their views indicated that they were relaxed in their surroundings and comfortable with staff assisting them.

The inspector discussed the management of complaints with the registered nurse in charge of the home and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements. Evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required and that they were happy living in the home. Refer to section 11.5.

The inspector also spoke with eight relatives. Comments made were in the main positive with some concerns expressed regarding staffing levels and the recent turnover of staff. Refer to section 11.5.

The inspector spoke with five staff and eight staff completed and returned questionnaires. Staff questionnaire responses indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

Review of duty rotas, discussion with patients, relatives and staff; and observation of care delivery confirmed that staffing levels met the assessed needs of the patients. Refer to section 11.7 for details.

Conclusion

Based on the evidence examined the inspector concluded that the delivery of care to patients was safe, effective and compassionate.

Standard 19: continence management was assessed as compliant. Refer to section 10 for details.

There were no requirements or recommendations made as a result of this inspection.

The inspector would like to thank the patients, relatives, management and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank relatives and staff who completed questionnaires.

9.0 Follow-Up on previous requirements and recommendations made as a result of the inspection on 31 March 2015.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	17 (1)	<p>Issues identified in any quality assurance audits must have evidence that actions have been implemented in respect of same.</p> <p>The manager's audit process must result in an action plan being devised to address identified deficits.</p>	Examination of audit documents evidenced that this requirement had been addressed.	Compliant.
2	20 (1) (a)	It is required that any deficits in the planned staffing levels, which cannot be 'covered', are notified to RQIA in accordance with Regulation 30 (1) (d) of the Nursing Homes regulation (NI) 2005.	Discussion with the nurse in charge, review of duty rota and notifications evidenced that this requirement had been addressed.	Compliant.
3	13 (8) (a)	It is required that information pertaining to patients' must be stored in a confidential manner to ensure the patients' privacy and dignity.	Observations evidenced that this requirement had been addressed.	Compliant.
4	27 (2) (l)	It is required that equipment and supplies are appropriately stored in accordance with legislative requirements and any other relevant evidence based guidance such as infection prevention and control guidance.	Observations of a random sample of bedrooms, stores, sanitary facilities and sluice rooms evidenced that this requirement had been addressed.	Compliant.

5	13(1)	<p>It is required that</p> <ul style="list-style-type: none"> • all areas of the home are maintained clean • all areas of the home such should be included in cleaning schedules including those areas not in regular use • the cleaning of all areas of the home must be evidenced and monitored by management to ensure standards are maintained. 	<p>Observations of a random sample of bedrooms, stores, sanitary facilities and sluice rooms and review of a sample of cleaning records evidenced that this requirement had been addressed.</p>	Compliant.
6	13(7)	<p>It is required, in accordance with legislation and infection prevention and control measure that staff adhere to the organisation's uniform policy.</p> <p>The uniform policy must address the wearing of jewellery in relation to infection prevention and control measures.</p> <p>Management must evidence that compliance with infection prevention and control measures, particularly in regard to the wearing of jewellery is adhered to by staff.</p>	<p>Staff were observed to be adhering to infection and prevention guidance regarding their uniform and presentation.</p>	Compliant.

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	25.2	It is recommended that patients/residents and their representatives are made aware of the availability of the report, if requested.	A notice advising of the availability of the quality report was displayed.	Compliant.
2	25.13	It is recommended that a copy of the home's annual quality report is emailed to RQIA by 15 November 2013.	It was evidenced that this report was sent to RQIA.	Compliant.
3	16.2	It is recommended that the induction programme records and reflects the content of discussion and/or training provided to new employees regarding safeguarding, commensurate with their role and function.	Review of two staff induction records evidenced that this recommendation had been addressed.	Compliant.
4	5.4	It is recommended that the content/relevancy of evaluations recorded by registered nurses is included in the home manager's care record audit. Any deficits noted should be addressed in accordance with home policy and professional guidance.	Review of three patient care records evidenced that this requirement had been addressed.	Compliant.
5	25.6	It is recommended that RQIA are informed when the identified bathroom is repaired and in use.	RQIA were informed when the bathroom became operational.	Compliant.

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

RQIA received information from a member of the public regarding this home in January 2015. Following discussion with senior management in RQIA, the issues raised were addressed with the regional operations manager at the time with a follow up of the issues by the inspector to be undertaken during the next inspection. Concerns raised by the caller were in regard to; staffing levels, calls for assistance not answered promptly, management of complaints, moving and handling practices, staff with long nails and visitors not allowed in during meal times. The inspector was unable to substantiate the concerns raised by the caller. Refer to section 11 for details of the inspection findings.

The registered nurse in charge of the home was aware of their role and responsibilities in relation to the management of complaints.

Since the previous inspection in March 2014 RQIA have been notified by the home of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. The Belfast Health and Social Care Trust (BHSCT) safeguarding team are managing the SOVA issues under the regional adult protection policy/procedures.

RQIA is satisfied that the home manager has dealt with SOVA issues in the appropriate manner and in accordance with regional guidelines and legislative requirements.

Discussion with the registered nurse in charge of the home evidenced that they were aware of the responsibility of the role and knowledgeable of the procedures to follow in the event of a safeguarding incident or disclosure.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual’s assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of three patients’ care records evidenced that bladder and bowel continence assessments were undertaken at the time of admission to the home. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients’ care plans on continence care.</p> <p>The care plans reviewed addressed the patients’ assessed needs in regard to continence management.</p> <p>There was evidence that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>The promotion of continence, skin care, fluid requirements and patients’ dignity were addressed in the care plans inspected.</p> <p>Urinalysis was undertaken as required by nursing staff and patients were referred to their GPs appropriately.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	<p>Compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings: The inspector can confirm that the following policies and procedures were in place: <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • catheter care. The organisation works closely with the suppliers of their incontinence pads. Part of the service provided to the home includes access to a continence nurse specialist and product advisor. Discussion with the specialist nurse advisor and review of training and resource files evidenced that practice was guided by research and evidence based guidelines such as: <ul style="list-style-type: none"> • RCN continence care guidelines • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. 	<p align="center">Compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not inspected on this occasion.</p>	<p align="center">Not assessed.</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the regional operations manager, the registered nurse in charge, nursing and care staff, the continence advisor and review of training records confirmed that staff were trained in continence/incontinence care.</p> <p>A number of registered nurses in the home were deemed competent in male catheterisation. Those who required training could access this through the Trust.</p> <p>Stoma management was addressed on an individual patient basis with support from the Trust's stoma nurse.</p>	<p align="center">Compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Compliant.</p>
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were observed to treat the patients with dignity and respect. Good relationships were evident between patients and staff. The demeanour of patients who were unable to express their views indicated that they were relaxed in their surroundings and comfortable with staff assisting them.

Patients were well presented with their clothing clean and suitable for the season. Staff were observed to respond to patients' requests promptly. Staff were observed moving and handling patients appropriately.

Staff were observed to be adhering to infection prevention and control guidance regarding the wearing of jewellery, keeping nails short and without varnish and the wearing of uniform.

Staff informed the inspector that mealtimes were 'protected' particularly in the dementia unit. Visiting in the dining rooms during mealtimes was discouraged to enable patients to be assisted as required therefore preserving their privacy and dignity as well as this being considered good practice/evidence based practice within a dementia setting.

11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

RQIA received information from a member of the public regarding this home in January 2015. Following discussion with senior management in RQIA, the issues raised were addressed with the regional operations manager at the time with a follow up of the issues during the next inspection. The inspector was unable to substantiate the issues raised. Refer to section 9.1.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the registered nurse in charge of the home and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

Review of the NMC registration record confirmed that the registration status of nurses employed by the home was checked at the time of expiry.

11.5 Patients and relatives comments

The inspector spoke with 10 patients individually and with the majority of others in smaller groups.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required and that they were happy living in the home. The demeanour of patients who were unable to express their views indicated that they were relaxed in their surroundings and comfortable with staff assisting them.

Comments made to the inspector by patients included:

*'this is a good home and I feel safe'
'I am happy here...the food is good'.*

The inspector also spoke with eight relatives. Comments made were in the main positive with one relative expressing concern regarding staffing levels and the recent turnover of staff. These concerns were discussed with the regional operations manager. Details regarding staffing can be viewed in section 11.7.

Comments made to the inspector included;

*'we are very pleased so far'
'staff are very kind and attentive'
'management are aware of my views'
'staff show compassion'.*

Of the six family member questionnaires issued three were returned. Comments were generally positive with two of the respondents indicating that staff only 'sometimes' had time to give care and treatment; '*due to staff shortages*' as recorded by one respondent. No additional comments were recorded. The inspector did review staffing as part of this inspection. Discussion with staff, observation of care delivery, discussion with senior management and examination of duty rotas indicated that staffing levels met the assessed needs of the patients. Refer to section 11.7 for details.

11.6 Staff Comments

The inspector spoke with five staff and 8 staff completed and returned questionnaires. Staff questionnaire responses indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

Staff spoken with stated that they enjoyed working in the home, believed they delivered good care, felt supported by management and were provided with training opportunities.

11.7 Staffing

The registered nurse in charge confirmed the nursing and care staffing levels for the time of the inspection to be as follows:

Morning shift:	4 registered nurses and 10 care assistants
Afternoon shift:	4 registered nurses and 8 care assistants
Night duty shift:	2 registered nurses and 4 care assistants.

These staffing levels were confirmed by the review of the nursing and care staff duty rota for the week commencing 23 February 2015.

Review of duty rotas, discussion with patients, relatives and staff; and observation of care delivery confirmed that staffing levels met the assessed needs of the patients.

The regional operations manager informed the inspector that staff turnover was in the main stable however, eight weeks previously two staff had left the home's employment without giving any notice period.

11.8 Environment

An inspection of the premises included a random sample of patients' bedrooms, bathroom, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Gavin O'Hare-Connolly, regional operations manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>Preadmission assessments are completed on all residents prior to admission. At pre admission the residents care need are identified and on admission care plans are completed, they are then agreed and signed of by family . The Must Tool is used in pre admission assessments along with any relevant SALT or dietitican information, to nutritionally screen each resident prior to admission then reviewed monthly or more often if required. Braden is used to assess each residents risk of developing pressure sores and reviewed monthly or more often if required</p>	<p>complaint</p>

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Each resident has a named nurse who is responsible for the development and review of each residents care plan. The	Compliant

named nurses are responsible for reviewing and updating at least monthly. Involvement from the MDT and family and resident are also used in the review of care plans.

Referrals are made to Oonagh Galway , they are made directly to her from the trained staff at Cairnmartin Court this is followed up either by a visit or telephone call from her to continue to offer support and guidance. She provides expert advice on choice of dressings and frequency of dressing change. She also devises a plan of care which the nurses must follow. Trained staff at Cairnmartin Court then will develop a careplan and wound care charts in line with the TVN plan of care and review and evaluate.

Referrals are made directly to podiatry for the residents who require any input in relation to lower limb or foot ulceration.

Referrals to the dietician are made through the GP from the trained staffs request based on their clinical assessment and judgement. Residents are seen by the dietician and plans of care are drawn up for trained staff to incorporate into their care plans and disseminate and review

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The trained staff within Cairnmartin Court Review the care delivered at least monthly intervals using the assessment tools and clinical records Resident of the day roll out commences 2 nd June to focus on holistic review and continual assessment.	Complaint

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>All assessment tools and clinical assessments are based on evidence based tools, braden pressure assessment tool is used for all residents and updated monthly at least.</p> <p>Nutritional guidelines are available in each Unit and form the basis for the development of menus. Resident choice and dietician advise are also incorporated into menu choice</p>	complaint

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>Progress notes are kept and updated at least twice daily on all residents, they are completed by trained staff. trained staff also complete careplans, risk assessments and evaluate them at least monthly. After each meal a record is kept of what has been eaten/offered/refused for each resident. All residents fluids are recorded and a daily target for 24hrs is recorded and the actual daly intake is recorded in the progress notes. Each residents care plan specifies the target fluid intake for 24hrs and where the target is not achievable, advice is sought from the GP / MDT and utilized.</p>	compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Each individual residents progress notes are updated at least twice within a 24hr period. Any changes, outcomes and care interventions are recorded by the nurse in charge.</p> <p>The care plans, risk assessments are evaluated monthly by the primary nurse and they are reviewed at patient care reviews along with the care manager, family and members of the MDT.</p>	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Care reviews are attended by the primary nurse, caremanager, family, and where possible the resident. Care reviews are minuted and any changes agreed at the meeting, a copy of the care review minutes is kept in te residents file and a copy sent to the patients NOK.</p> <p>Where the resident is unable to be involved in the care reviews, they are spoken to separately and any views expressed is recorded andincluded in the outcomes of the meeting</p>	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Menus have been devised by a qualified cook in consultation with dietitian and health promotion agency, incorporating residents like/dislikes and specialised diets. Staff are aware and are pro active in providing alternatives, if a resident doesnt eat the prepared meal, this is recorded in the food/fluid intake record. Nutritional guidelines are available in each Unit</p>	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> • Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> • Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> • Staff are aware of any matters concerning patients’ eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> ○ risks when patients are eating and drinking are managed ○ required assistance is provided ○ necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> • Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
Nurses and carers have an ongoing training plan to ensure their knowledge and skills are maintained for assisting residents with swallowing difficulties. The SALT team regularly review the residents and complete a plan of care which the trained staff then incorporate into the care plans and disseminate to the care staff. Trained staff also make professional judgement calls and ask for SALT to review clients they have concerns about and care plans are up dated accordingly.	Compliant

<p>Meals are provided at conventional times for the residents and additional snacks and hot cold drinks are always available, where residents are unable to verbalize a request staff use there non verbals cue to determine their request.</p> <p>Staff are well updated and informed of any risks or changes to the eating and drinking needs of the residents, this is disseminated through handover, staff meetings and resident updates as changes may occur.</p> <p>Trained staff have training in wound care management and are supported by the TVN for additional guidance and support.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5</p>	<p>COMPLIANCE LEVEL</p>
	<p>compliant</p>

