

# Unannounced Follow Up Care Inspection Report 7 February 2018



## Cairnmartin Court Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 250 Ballygomartin Road, Belfast, BT13 3NG**  
**Tel No: 028 9072 2050**  
**Inspector: Sharon McKnight**

[www.rqia.org.uk](http://www.rqia.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 provider 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 nursing home registered to provide nursing care for up to 62 persons. There were 43 patients in residence at the time of the inspection.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore Elderly Care Limited  <b>Responsible Individual:</b> Mrs Nicola Cooper	<b>Registered Manager:</b> see box below
<b>Person in charge at the time of inspection:</b> Caron McKay	<b>Date manager registered:</b> Caron Margaret McKay- Acting – No Application Required
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 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 7 February 2018 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 sought to assess progress with the areas for improvement identified during and since the last care inspection.

There were examples of good practice found throughout the inspection in relation to responding positively to regulation. The home has achieved compliance with all of the areas for improvement identified during the previous care inspection.

A number of areas for improvement under regulation were identified with regard to the completion of skin checks for patients assessed as at high risk of developing pressure ulcers, adherence to directions given by a TVN and with the recording of wound care. Staff knowledge of wound care was also identified as requiring improvement.

As a result of the inspection RQIA were concerned that the quality of the service within Cairnmartin Court Care Home was below the standard expected with regard to the prevention, detection and treatment of pressure ulcers. A serious concerns meeting was held with management of Amore Elderly Care Ltd on 13 February 2018. During the meeting appropriate assurances were provided to RQIA as to how the concerns would be addressed and a follow up inspection will be planned to validate compliance.

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
<b>Total number of areas for improvement</b>	<b>6</b>	<b>0</b>

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caron McKay, acting manager and Patricia Amoral, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As previously discussed RQIA were concerned that the quality of the service within Cairnmartin Court Care Home was below the standard expected with regard to the prevention, detection and treatment of pressure ulcers. The findings were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to Nicola Cooper, Responsible Individual, Amore Elderly Care Ltd and a meeting took place at RQIA on 13 February 2018.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

#### 4.2 Action/enforcement taken following the most recent inspection 22 & 23 November 2017.

The most recent inspection of the home was an unannounced care inspection undertaken on 22 and 23 November 2017. Following this inspection a serious concerns meeting was held to discuss concerns regarding a lack of timely action taken by management to repair equipment and the induction of agency staff. The findings of the current inspection confirmed that the issues discussed during this meeting had been satisfactorily addressed.

#### 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
- the registration status of the home
- 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 seven patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. None were returned.

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

The following records were examined during the inspection:

- induction records for agency nurses
- competency and capability assessments for nurse in charge
- seven patient care records including repositioning and food and fluid intake charts
- wound care audits

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 22 & 23 November 2017**

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and was validated during this inspection.

**6.2 Review of areas for improvement from the last care inspection dated 22 & 23 November 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> Second time	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.  All linen must be laundered in a timely manner.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A visit to the laundry evidenced that linen was being laundered in a timely manner; there was no backlog of soiled linen.</p> <p>The deputy manager confirmed that they visit the laundry regularly to monitor the tidiness and operation. The laundry was tidy and well organised. No infection prevention and control issues were identified. This area for improvement has been met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 18(1)(e) <b>Stated:</b> Second time</p>	<p>The registered person shall arrange for regular laundering of linen and clothes</p> <p><b>Action taken as confirmed during the inspection:</b> Management confirmed that there have been no issues with the functioning of the washing machines since the previous inspection. As previously discussed linen was being laundered in a timely manner. This area for improvement has been met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 20(1)(a) <b>Stated:</b> First time</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients</p> <p>Procedures to manage staff absenteeism must be implemented to ensure that planned staffing levels are achieved.</p> <p><b>Action taken as confirmed during the inspection:</b> The acting manager explained that the management of absenteeism has been reviewed and that each member of staff is now required to meet with the acting manager following any period of absence. Other actions, for staff who have further periods of absence, include letters of concern, interviews with senior management and ultimately disciplinary action. The acting manager confirmed they have seen a reduction in the level of absence with their staff. This area for improvement has been met.</p>	<b>Met</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20(1)(a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients</p> <p>Staff supplied by an employment agency must receive a structured orientation and induction to the home; records must be retained.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of completed induction records for agency staff evidenced that they receive a structured orientation and induction to the home on their initial shift. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20(3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of completed records evidenced that a competency and a capability assessment had been completed with agency staff given the responsibility of being in charge of the home in the absence of the manager. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27(2)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.</p> <p>The registered person shall ensure that timely action is taken to repair/replace items of equipment identified as faulty.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b>                  Discussion with the acting manager and a review of records evidenced effective systems were in place to ensure that action is taken in a timely manner to repair/replace items of equipment identified as faulty. This area for improvement has been met.</p>	
<p><b>Area for improvement 7</b>   <b>Ref:</b> Regulation 27(4)(d)(i)   <b>Stated:</b> First time</p>	<p>The registered person shall make adequate arrangements for the detecting, containing and extinguishing fires.                   Fire doors must not be propped open.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  We did not observe any fire doors propped open during this inspection.                   As previously discussed the deputy manager visits the laundry regularly to check it is operating safely. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 8</b>   <b>Ref:</b> Regulation 13(1)(a)   <b>Stated:</b> First time</p>	<p>The registered person must ensure that there is proper provision for the nursing, health and welfare of patients.                   Staff must ensure that all meals and fluids are provided in accordance with the recommendations made by the SALT. If patients are unhappy with treatment plans prescribed staff must discuss this with the SALT.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  A review of three patients care records and discussion with staff evidenced that meals and fluids provided were in accordance with the recommendations made by the SALT. Two nurses spoken with were knowledgeable of the need to ensure recommendations were adhered to. This area for improvement has been met.</p>	<p><b>Met</b></p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	The registered person shall ensure that patients' weights are monitored in accordance with directions from dietetic services.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that patients were weighed regularly; the frequency was determined by the patients' risk of weight loss and/or as directed by healthcare professionals. This area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that food and fluid charts are accurately completed and maintained in accordance with NMC guidelines for record keeping.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the recording of food and fluids charts for three patients. Charts were maintained in accordance with NMC guidelines for record keeping. This area for improvement has been met.	

### 6.3 Inspection findings

#### 6.3.1 Prevention, detection and treatment of pressure damage

We reviewed the prevention, detection and treatment of pressure ulcers for four patients. All of the patients had a pressure ulcer risk assessment completed and regularly reviewed. Care plans were in place for those patients identified as at risk of developing pressure ulcers. Care plans included the frequency with which patients were required to be repositioned for pressure relief. Pressure relieving equipment, for example mattresses and cushions, were also in place and appropriately managed.

Repositioning charts were well maintained and generally evidenced that patients were assisted to reposition in accordance with the prescribed frequency. However there was no evidence of skin checks being completed when patients were being repositioned to identify redness or early detection of pressure damage. This was identified as an area for improvement under regulation.

We reviewed the management of wound care for one patient in the general nursing unit. Records evidenced that the patient had care plans in place for their wounds; the care plans included the grade of the pressure ulcers and the frequency with which the wounds were required to be dressed. A wound assessment was recorded at each dressing change and records evidenced that dressings were renewed as prescribed and that the patient's wounds were improving.

The patient had been reviewed by the tissue viability nurse (TVN) from the local health and social care trust and care interventions prescribed with regard to the potential for the development of further pressure ulcers and the need to monitor and record the patient's skin condition. There was no evidence that these interventions were adhered to. This was identified as an area for improvement under the regulations.

We reviewed the management of wound care for two patients in the dementia nursing unit. Care plans were not always in place to direct the care required; this was identified as an area for improvement. For those patients with care plans in place, records did not clearly evidence that wound care was being delivered as prescribed. This was identified as an area for improvement.

We discussed the wound care needs of these two patients with a registered nurse; they were unable to confirm the wound care needs of the patients. This was identified as an area for improvement,

It was agreed at the conclusion of the inspection that the acting manager and deputy manager would complete a review of all of the wounds in the home that evening and provide RQIA with an update. The outcome of the review and assurances of the arrangements to monitor the delivery of wound care was received by electronic mail on the evening of 7 February 2018.

### **Areas of good practice**

An area of good practice was identified in relation to the repositioning of patients for pressure relief and the records to evidence repositioning.

### **Areas for improvement**

Areas for improvement under regulation were identified with the completion of skin checks to identify redness/early detection of pressure ulcers and to ensure that care prescribed by the TVN was delivered. The creation of care plans for wound care and the completion of contemporaneous records to evidence wound care delivered were also identified as areas for improvement. The completion of wound care competency assessments with registered nurses was identified as a further area for improvement.

### **6.3.2 Governance arrangements**

We reviewed the audits undertaken for wound care. Discussion with the deputy manager and a review of records evidenced that a monthly audit of wound care was completed; the most recent audit was undertaken on 12 January 2018. This audit included one of the wounds reviewed during this inspection. The other wounds we reviewed occurred since the 12 January 2018 and therefore were not included in the previous audit. Following this inspection it was confirmed that wound care would be audited daily to ensure wound care was being delivered appropriately.

The acting manager explained that an internal audit was completed with all of the care records the week previous to the inspection. An action plan, with identified timescales to address the issues, was available. It was good to note that the home's internal processes had identified the need to review the recording of wound care and that an action plan was in place. A clinical risk register was also in place and included the patients currently with pressure ulcers.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caron McKay, acting manager and Patricia Amoral, deputy 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 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 DHSSPS 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12(1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that patients are monitored for signs of pressure ulcers. Accurate records must be maintained of patients' skin condition when being assisted to reposition.</p> <p>Ref: Section 6.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> There are now twice daily skin check forms in place for those residents who are deemed to be at risk, and identified on the clinical risk register or if they become ill and Braden score changes. We also use the traffic light system with the shift report, so it identifies any at risk residents as red as a reminder to the staff of the increased risk for pressure damage.,</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that care interventions prescribed by the TVN to meet the patients individual needs are implemented.</p> <p>Ref: Section 6.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> . Once TVN has visited changes are documented into care plan, these changes are then checked by Acting Manager and Deputy Home Manager and signed off, this is to show that the changes have been implemented and verified. We will continue to complete this until the practice is embedded</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 March 2018</p>	<p>The registered person shall ensure that care plans are in place to direct the wound care required.</p> <p>Ref: Section 6.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> There is a monthly wound care audit in place, the shift report also informs the manager as does the flash meeting. The Acting Home Manager or Deputy Home Manager, will then check that the care plan the body map and the on-going wound assessments are in place. These evaluations are checked and signed off at regular intervals by the Manager or the Deputy Manager to ensure consistency</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 19(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that records are maintained of wound care delivery.</p> <p>Ref: Section 6.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> . Evaluations of the care plan for wound care are checked randomly by the Manager Deputy Manager and signed off to verify the check</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 March 2018</p>	<p>The registered person must ensure that wound care competency assessments are completed with registered nurses and where deficits in knowledge are identified training is provided.</p> <p>Ref: Section 6.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> . Training in wound care has been [provided to all trained nurses, senior cares and some of the carers. Nurses are currently undertaking a competency in wound care knowledge, and have also received supervision in relation to the completion of risk assessment and Braden scores and body maps.</p>

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



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