



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Cornfield Care Centre (020082)
Date of Inspection: 24 November 2014
Inspector's Name: Heather Moore
Inspection ID: IN020944

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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GENERAL INFORMATION

Name and ID of Home:	Cornfield Care Centre (020082)
Address:	Green Lane and Castle Lane Suites 51 Seacoast Road Limavady BT49 9DW
Telephone Number:	028 7776 5082
E mail Address:	christine@cornfieldcarecentre.co.uk
Registered Organisation/ Registered Provider:	Mr Jervis Nutt
Registered Manager:	Mrs Christine Thompson
Person in Charge of the home at the time of Inspection:	Mrs Christine Thompson
Categories of Care:	NH-I (23) NH-DE(26) NH-PH (1) NH-PH(E)(1) NH-T(1)
Number of Registered Places:	52
Number of Patients Accommodated on Day of Inspection:	46
Scale of Charges (per week):	£581.00 - £624.00 Plus top up £43 per week
Date and type of previous inspection:	22 August 2014 Pre-Registration
Date and time of inspection:	24 November 2014: 9am to 12 pm
Name of Inspector:	Heather Moore

1.0 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.

1.1 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.

1.2 METHODS / PROCESS

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

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

1.3 Inspection Focus

The 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.

2.0 Profile of Service

Cornfield Care Centre provides care for up to 52 patients in two units Green lane and Castle lane.

The home is purpose built and is situated beside its sister home Cornfield Care Centre. The home is located a short distance from the centre of Limavady on the road towards Magilligan.

The home is currently registered to provide care under the following categories:

Nursing Care

I	Old age not falling into any other category
DE	Dementia care
PH	Physical disability other than sensory impairment
PH(E)	Physical disability other than sensory impairment (over 65 years).

Adequate care parking facilities are provided at the front of the home.

Mr Jervis Nutt is the Registered Provider.

Mrs Christine Thompson is the Registered Manager.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Cornfield Care Centre. The inspection was undertaken by Heather Moore on 24 November 2014 from 9am to 12pm.

The inspector was welcomed into the home by Mrs Patricia Deighan, Nursing Sister. Mrs Christine Thompson Registered Manager was also available for part of the inspection. Verbal feedback of the issues identified during the inspection was given to the registered manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff, visiting relatives, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

Discussion with the nursing sister, a number of staff, patients, and review of three patients care records revealed that continence care was managed to a satisfactory level in the home.

Staff were trained in continence care on induction however there were no registered nurses trained in male catheterisation with the exception of the registered manager. A recommendation is made that registered nurses as appropriate are trained in this area of care.

Examination of three care records confirmed the absence of one care plan on continence care. A requirement is made in this regard. Inspection of one care plan also confirmed the absence of a continence assessment. A recommendation is made that this be addressed.

Discussions with the nursing sister confirmed that there was a continence link nurse nominated in the home. This is good practice.

Inspection of policies and procedure revealed that policies and procedures were available on continence care and catheter care. However inspection revealed the absence of a policy on stoma care.

Discussion with staff also revealed that there were no NICE guidelines on urinary and faecal incontinence.

A recommendation is made in regard to the availability of the policy and guideline documents for the staff in the home.

Observation on the morning of the inspection revealed that the breakfast was not served in the Green lane unit until 10.25 am. Considering the lunch meal was served at 12.45pm. A recommendation is made that the breakfast is served earlier.

The inspector can confirm that based on the evidence reviewed, presented and observed that the level of compliance with this standard was assessed as substantially compliant.

Therefore, one requirement and four recommendations are made. This requirement and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered manager, nursing sister administrative manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No previous requirements		

No.	Minimum Standard Ref.	Recommendation	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No previous recommendations		

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

There were no issues/concerns raised with RQIA since the pre-inspection such as complaints or safeguarding investigations.

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

<p>Criterion Assessed: 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>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Review of three patients care records revealed that bladder and bowel continence assessments were undertaken for patients, however inspection of one patient’s care record confirmed the absence of a patient’s continence assessment. A recommendation is made in this regard.</p> <p>The bladder and bowel assessments and the promotion of continence, skin care, fluid requirements and patients’ and the resident’s dignity were addressed in the care plans inspected. However inspection of one patient’s care record confirmed the absence of a specific care plan on continence care. A requirement is made that this shortfall is addressed.</p> <p>Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of care records revealed that there was no written evidence held of patient/resident and their relatives’ involvement in developing and agreeing care plans. A recommendation is made that this is addressed.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p>	<p align="center">Moving Towards Compliance</p>
<p>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.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The inspector can confirm that the following policies and procedures were in place;</p>	<p align="center">Substantially Compliant</p>

<ul style="list-style-type: none"> • continence management / incontinence management • catheter care. <p>However inspection revealed that the following guideline documents and a policy document were in not place;</p> <ul style="list-style-type: none"> • Nice Guidelines on Faecal incontinence • Nice Guidelines on urinary incontinence. • Policy on stoma care. <p>A recommendation is made that the above policy and guideline documents are available to staff.</p>	
<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Not Applicable</p>	Not Applicable
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Discussion with the registered manager and review of the staff training records revealed that staff were trained in continence care on induction. With the exception of the registered manager there were no registered nurses trained in male catheterisation. A recommendation is made in this regard.</p> <p>Discussions with the nursing sister confirmed that audits of incontinence care were undertaken monthly. Currently there is a continence link nurse nominated in the home to enhance continence care this is good practice.</p>	Substantially Compliant

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p>Substantially compliant</p>
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6.0 Additional Areas Examined

6.1 Care Practices

During the inspection the staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients, and staff.

Patients were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' requests promptly.

The demeanour of patients indicated that they were relaxed in their surroundings.

6.2 Patients' Comments

During the inspection the inspector spoke to 10 patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients and residents indicated by positive gestures that they were happy living in the home.

Examples of patients' comments were as follows:

- "I am very happy with everything here."
- "Food is very good."
- "The home is beautiful, it's all new."
- "The staff are very kind."

6.3 Catering Arrangements

Observation on the morning of inspection revealed that the breakfast in the Green Lane unit was being served at 10.25 pm. Considering that the lunch meal was served at 12.45pm. A recommendation is made that the breakfast is served earlier.

6.4 Staffing

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home.

The inspector spoke to a number of staff during the inspection.

No issues or concerns were brought to the attention of the inspector.

6.4 Environment

The inspector undertook a tour of the premises and viewed the majority of the patients' bedrooms, sitting areas, dining rooms, laundry, kitchen, bathroom, and shower and toilet facilities.

The home is recently constructed and the fabric and furnishings throughout the units are maintained to a high standard.

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Christine Thompson, Registered 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.

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:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Unannounced Secondary Inspection

Cornfield Care Centre

24 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Christine Thompson, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 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.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirement	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16 (1)	<p>The registered person shall ensure that a specific care plan on continence care is available in patients care records.</p> <p>Ref:19.1</p>	One	The patients care records have been updated to include the continence care plan and all patients care plans now include incontinence care plan where applicable	From the date of this inspection

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.3	It is recommended that written evidence is available in patients care records to indicate that discussions had taken place between the patient/patient's representative and the nurse in regard to planning and agreeing nursing interventions. Ref:19.1	One	The written evidence is now included in the care files of the consultation with the family re the care plan and nursing interventions	From the date of this inspection
2	5.3	It is recommended that a continence assessment is available in patients care records. Ref: 19.1	One	The patients records have been updated and the assessment has been put in place.	From the date of this inspection
3	12.5	It is recommended that the catering arrangements in the home are reviewed to ensure that patients receive their breakfast earlier than 10.25pm. Ref: Section 6.4 (Additional Areas Examined)	One	Additional staff in the morning are being employed from 7.45 - 2pm to meet the needs of the patients and allow smooth running of the unit.	From the date of this inspection
4	20.8	It is recommended that registered nurses as appropriate receive training in male catheterisation. Ref:19.4	One	Male Catherisation course booked for January 2015 for two sessions for all trained staff to attend.	Three Months

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Christine Thompson
Name of Responsible Person / Identified Responsible Person Approving Qip	Jervis Nutt

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Moore	18 December 2014
Further information requested from provider			