

Unannounced Care Inspection Report 15 March 2017



Cornfield Care Centre **Kingfisher, Nightingale and Goldfinch Suites**

Type of Service: Nursing Home
Address: 51 Seacoast Road, Limavady, BT49 9DW
Tel No: 028 7776 1300
Inspector: Lyn Buckley and Heather Sleator

www.rqia.org.uk

1.0 Summary

An unannounced inspection of Cornfield Care Centre; Kingfisher, Nightingale and Goldfinch Suites, took place on 15 March 2017 from 10:50 to 15:10 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

In addition RQIA received an anonymous letter of complaint on 14 February 2017 which raised concerns regarding staffing levels and the delivery of personal care; oral hygiene in particular.

Following discussion with senior managers it was agreed that the allegations made would be reviewed during the next scheduled inspection of the home. At the conclusion of this inspection, RQIA were unable to substantiate the allegations made. Refer to the main body of the report for details of the inspection findings.

Is care safe?

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels.

Discussion with staff and a review of the staff training records confirmed that the registered manager had a system in place to monitor staff compliance with mandatory training requirements. Additional training was also provided to ensure the needs of patients were met.

Review of patient care records evidenced that a range of risk assessments were completed as part of the admission process and were reviewed as required.

A review of notifications received by RQIA, since the last care inspection, and the home's accident and incident records evidenced that falls occurring in the home were appropriately managed and referred, as required, to other healthcare professionals.

A review of the home's environment was undertaken. The home was clean, tidy and decorated to a high standard. Fire exits and corridors were observed to be clear of clutter and obstruction.

There were no areas for improvement identified in this domain.

Is care effective?

Patients' care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Review of four patient care records evidenced that registered nurses assessed, planned and reviewed care in accordance with NMC guidelines. However, registered nurses did not demonstrate their evaluation of the effectiveness of the care delivered and a recommendation was made.

Staff stated that there was effective teamwork and that if they had any concerns, they could raise these with the registered manager.

Patients and representatives/relatives spoken with expressed their confidence in raising concerns with the home's staff and/or management.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes and preferences. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Observation of the serving of the lunchtime meal in all units evidenced that staff were aware of the needs and preferences of patient and where assistance was required; this was provided in a discreet, dignified manner.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Cornfields was a positive experience.

There were no areas for improvement identified in this domain.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. In discussion, patients and representatives/relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager, and review of records, evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

Discussion with the registered manager and review of records evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and on behalf of the registered provider. Any identified deficits were detailed in an action plan.

There were no areas for improvement identified in this domain.

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.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr E Harper, action registered person, Mrs H Moore, operational manager and Mrs P Deighan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 29 and 30 June 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

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|---|--|
| Registered organisation/registered provider: Mr Marcus Jervis Nutt/ Mr Ewen Harper acting responsible person | Registered manager: Mrs Patricia Deighan |
| Person in charge of the home at the time of inspection: Mrs Patricia Deighan – registered manager | Date manager registered: 10 January 2017 |
| Categories of care: NH-DE, NH-I, NH-PH NH-PH(E) A maximum of 51 patients in NH-I, NH-PH, NH-PH(E) categories and a maximum of 25 patients in NH-DE category. The home is also approved to provide care on a day basis to 3 persons. | Number of registered places: 76 |

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection we met with 14 patients individually and with others in smaller groups, three registered nurses, six care staff, two domestic /kitchen assistant and four patients' relatives.

The following information was examined during the inspection:

- four patient care records
- staff duty rosters from 31 January to 19 March 2017
- reports relating to quality monitoring on behalf of the registered provider and in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- staff training records
- accident/incidents records
- complaints record
- governance records.

In addition RQIA received an anonymous letter of complaint regarding the nursing home on 14 February 2017. The letter raised concerns regarding staffing levels and the delivery of personal care; oral hygiene in particular.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential 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. Following discussion with senior managers it was agreed that the concerns raised would be reviewed during the next scheduled inspection of the home as they did not refer to any specific patient, Suite or timeframe. The Western Health and Social Care Trust (WHSCT) were also informed of the concerns raised.

Following review of staffing levels, the delivery of personal care and in particular oral hygiene practices RQIA were unable to substantiate the allegations made.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 and 30 June 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 29 and 30 June 2017

| Last care inspection statutory requirements | | Validation of compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 20 (1) (b) Stated: First time | The registered provider must ensure that staff employed by the home receive mandatory training and any other training appropriate to the work they are to perform. Action taken as confirmed during the inspection: Review of training records and discussion with the registered manager evidenced and staff that this requirement has been met. | Met |
| Requirement 2 Ref: Regulation 14 (4) Stated: First time | The registered provider must ensure that staff employed by the home, regardless of their grade or function, receive training in adult safeguarding commensurate with their role and function. Action taken as confirmed during the inspection: Review of training records and discussion with the registered manager and staff evidenced that this requirement has been met. | Met |

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| <p>Requirement 3</p> <p>Ref: Regulation 10 (1); (2)</p> <p>Stated: First time</p> | <p>The registered provider must ensure that they operate within their level of competence and skill and that clinical decision making is undertaken by healthcare professionals and advice sought from the commissioning Trust's specialist healthcare professionals as required.</p> <p>The registered provider must ensure that he undertakes training to enable insight and understanding into the impact of poor practice and knowledge of best practice, in relation to dementia care, restrictive practices and the adult safeguarding procedures.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of training records and discussion with the registered manager and operations manager evidenced that this requirement has been met.</p> | | |
| <p>Requirement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> | <p>The registered provider must ensure that dispensers for personal protective equipment (PPE) such as aprons and gloves are placed in areas that are accessible to staff and not in areas of high contamination risk such as toilets and sluices.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Observations, discussion with staff and discussion with the registered manager evidenced that this requirement has been met</p> | | |
| <p>Requirement 5</p> <p>Ref: Regulation 13 (1) (2) and (3)</p> <p>Stated: First time</p> | <p>The registered provider must ensure that patients are enabled to interact positively with their home environment, exercise choice, and that any decision made to impose restrictions on patient liberty are reviewed in line with the DHSSPS guidance on deprivation of liberty and as part of a multidisciplinary decision making process.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Observations, discussion with patients, relatives, staff and with the registered manager evidenced that this requirement had been met.</p> | | |

| Last care inspection recommendations | | Validation of compliance |
|---|---|--------------------------|
| Recommendation 1 Ref: Standard 47.3 Stated: First time | The registered provider should ensure that cleaning chemicals are stored safely in accordance with Control of Substances Hazardous to Health(COSHH) requirements. | Met |
| | Action taken as confirmed during the inspection: There were no concerns identified during this inspection. This recommendation has been met. | |
| Recommendation 2 Ref: Standard 35 Stated: First time | The registered provider should ensure that visits carried out on his behalf in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005; are reviewed to meet the needs of the home in light of the RQIA's inspection findings. | Met |
| | Action taken as confirmed during the inspection: Review of records relating to regulation 29 visits undertaken in November 2016, December 2016 and January 2017 confirmed that this recommendation had been met. | |

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 30 January to 19 March 2017, evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse is designated as the person in charge of the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels.

Discussion with staff and a review of the staff training records confirmed that the registered manager had a system in place to monitor staff compliance with mandatory training requirements. Staff had recently completed patient experience training in relation to dementia care. Details of the experience were discussed and it was confirmed that the training, which lasted two and a half hours, was very worthwhile and benefitted staff. There were plans for further dates for this training. The registered manager also stated a group of staff were shortly to commence further dementia care training, Best Practice for Healthcare Assistants. The registered manager was verified as a facilitator for the course by the University of Stirling.

Discussion with the registered manager also confirmed that staff were provided with 'other' training deemed necessary for to support their role and function in the home. For example, 'Hearing Health' training planned for 11 April 2017 and 'Hands that Talk – deaf awareness'

planned for 30 March 2017. Observation of the delivery of care evidenced that training had been embedded into practice.

The staff consulted with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding.

Review of patient care records evidenced that a range of risk assessments were completed as part of the admission process and were reviewed as required. The assessments included where patients may require the use of a hoist or assistance with their mobility; their risk of falling; the use of bedrails, if appropriate, and the risk of malnutrition or swallowing difficulties. The risk assessments informed the care planning process. Refer to section 4.4 for further detail regarding the review of patient care records.

A review of notifications received by RQIA, since the last care inspection, and the home's accident and incident records evidenced that falls occurring in the home were appropriately managed and referred, as required, to other healthcare professionals.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The home was clean, tidy and decorated to a high standard.

Following a recent facilities review by the Public Health Agency (PHA) it was confirmed that the recommendations made by the PHA had been addressed. Observation of the environment and discussion with the registered manager, regarding the storage of patient hoist slings and slide sheets, confirmed there were no concerns identified relating to infection prevention and control measures.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 0 |
|-------------------------------|---|----------------------------------|---|

4.4 Is care effective?

Patients' care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance and care standards.

Review of four patient care records evidenced that registered nurses assessed, planned and reviewed care in accordance with NMC guidelines. However, registered nurses did not demonstrate their evaluation of the effectiveness of the care delivered. For example, a number of the daily records reviewed stated only the 24 hours intake of fluids by the patient and a 'flow chart' comprising of a list of tasks was 'ticked' indicating the task was completed. Details were discussed with the management team during feedback. RQIA did acknowledge

that senior management had previously identified this matter. A recommendation was made that this practice be reviewed in conjunction with best practice and professional guidance on record keeping.

A patient was observed seated in their wheelchair, in their bedroom, with the lap belt secured. The patient's care plan was reviewed which evidenced that the lap belt was only to be secured when the patient was being transported around the home; for example when moving from the bedroom to the dining room. This was discussed with the registered manager who agreed to review the use of the lap belt and confirm the outcome of her review with RQIA by email. Following receipt of an email, RQIA were satisfied that this issue had been addressed.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff and/or management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

We had the opportunity to consult with another healthcare professional visiting the home. We were advised that the home was participating in a health promotion pilot study in conjunction with the WHSCT and Queen's University Dental School to improve patients' oral and dental health. The results achieved, so far, indicated that the interventions undertaken, which included staff awareness and input from the dental team, had achieved positive results for patients. This was commended.

Areas for improvement

A recommendation was made registered nursing staff record a meaningful evaluation of the effectiveness of the delivery of care for patients in line with professional guidance and best practice.

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| Number of requirements | 0 | Number of recommendations | 1 |
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

Staff demonstrated a detailed knowledge of patients' wishes and preferences. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Observation of the serving of the lunchtime meal in all units evidenced that staff were aware of the needs and preferences of patient and where assistance was required, this was provided in a discreet, dignified manner. The meal service was observed to be organised in a calm and

systematic manner. Dining tables were attractively set, patients, including those patients who required a modified diet, were afforded choice at mealtimes, staff were observed offering patients fluids at timely intervals and staff had sufficient time to spend with patients who required assistance with their meal. The meal service was observed to be a positive experience for patients.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Cornfields was a positive experience.

We met with three relatives who expressed their satisfaction with the care afforded by staff to their relatives. Comments included:

- “staff who work here are brilliant”
 - “staff deserve a medal”
 - “very happy with the care given by staff”
 - “there’s good banter with the staff”
 - “We’re very happy with Cornfields”
- “this is a very comfortable home”

Staff also commented very positively about working in the home. Comments included:

- “There’s plenty of training and we’re kept informed of everything involving the patients”
- “I can go to the manager about anything”
- “I feel we’re listened to by management”.

In addition RQIA provided the registered manager with questionnaires for distribution to patients (8), staff (10) and relatives (10). Eight patient; six relative and six staff questionnaires were returned within the timeframe specified. Respondent indicated that they were either very satisfied or satisfied that care was safe, effective and compassionate and that the service was well led. Comments recorded on some of the questionnaires included;

- “This is a very safe and secure home with very good and friendly staff.”
- “Cleanliness given high priority.”
- “My care is excellent...”

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 0 |
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, representatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was displayed in the entrance lobby. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes

Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in June 2016 confirmed that these were managed appropriately.

Discussion with the registered manager, and review of records, evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to infection prevention and control, incidents and accidents and the environment. Where a shortfall had been identified evidence was present of the remedial action that was taken.

Discussion with the registered manager and review of records for November and December 2016 and January 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. The review of the reports evidenced that an action plan had been generated to address any areas for improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr E Harper, action registered person, Mrs H Moore, operational manager and Mrs P Deighan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

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| <p>Recommendation 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 24 April 2017</p> | <p>The registered provider should ensure that registered nursing staff record a meaningful evaluation of the effectiveness of the delivery of care for patients in line with professional guidance and best practice.</p> <p>Ref: Section 4.4</p> |
| | <p>Response by registered provider detailing the actions taken:</p> <p>The Daily flow chart has now been discontinued. Registered Nurses record meaningful statements, which reflect the patients current care records.</p> |

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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