



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No: IN016940
Establishment ID No: 1204
Name of Establishment: Cornfield Centre
Date of Inspection: 14 October 2014
Inspector's Name: P Cunningham

1.0 GENERAL INFORMATION

Name of Home:	Cornfield Centre
Address:	51 Seacoast Road Limavady BT49 9DW
Telephone number:	028 777 61300
Registered organisation/provider:	Marcus Jervis Nutt
Registered manager:	Mable Cole
Person in charge of the home at the time of Inspection:	Mable Cole
Other person(s) consulted during inspection:	Mr Nutt
Type of establishment:	Nursing Home
Number of registered places:	76
Date and time of inspection:	14 October 2014 from 10:00 15:00
Date of previous estates inspection:	18 July 2011
Name of inspector:	P Cunningham

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.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of 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.

The aims of the inspection were to examine the estates related 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
- Nursing Homes Minimum Standards (DHSSPS, 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:

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mable Cole.

6.0 INSPECTION FOCUS

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

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

Cornfield Centre is a modern single storey, purpose built Nursing Home situated on a spacious rural site close to the town of Limavady. The home consists of three units each containing 25 single bedrooms and a range of day and dining spaces. One unit provides nursing care to people suffering from dementia while the remaining two units accommodate people with general nursing needs.

8.0 SUMMARY

Following the Estates Inspection of Cornfield Centre on 14 October 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in 13 requirements and two recommendations. These are outlined in the Quality Improvement Plan appended to this report.

The manager has only been in post since April 2014. The position of a permanent maintenance person is currently filled on a temporary basis by an agency worker. The number of issues raised in this report and associated Quality Improvement Plan reflect these changes in personnel.

The Estates Inspector would like to acknowledge the assistance of Mable Cole during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that a number of issues raised in the report of the previous estates inspection on **18 July 2011** have been addressed. These are detailed below.

Item	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14 (2)	Item No 2 in previous QIP Obtain confirmation that the home's gas-fuelled laundry equipment has been subjected to service/safety checks. The manager should also confirm that arrangements for checking the condition of the gas supply pipework are in place particularly the part of the installation between the gas storage tank and the home.	The provider confirmed following the inspection of 18 July 2011 on the returned QIP that the gas services were checked and forwarded supporting documentation at that time. The provider also confirmed that the services were checked in July 2014 although all certificates were not presented for review during this inspection (kitchen and laundry equipment service certificates). The provider has undertaken to forward copies of these to RQIA.	Compliant But see 9.3.3 below

	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Comments
9.1.2	Standard 32.10	Item No 1 in previous QIP Implement periodic maintenance servicing to the home's thermostatic mixing valves in line with the manufacturer's recommendations.	The provider confirmed following the inspection of 18 July 2011 on the returned QIP that the thermostatic mixing valves were serviced. The Registered Provider Mr Nutt confirmed during this inspection that all thermostatic mixing valves were serviced by a competent contractor on 12 July 2012/13/14 and this is a planned annual routine on 12 July each year. Records however were not available for inspection and Mr Nutt has agreed to retain records for all future service work to the valves.	Compliant But see 9.3.6 below
9.1.3	Standard 35.1	Item No 3 in previous QIP Ensure that all persons with responsibilities emanating from the legionellae risk assessment have received adequate instruction and information from the competent person. This should include the maintenance man in respect of the ongoing checks and monitoring procedures tasked.	The provider confirmed following the inspection of 18 July 2011 on the returned QIP that training by the legionellae risk assessor was planned for the home's maintenance man and the home manager and it is understood that this did take place in 2011. The maintenance man has however since left this post which is currently filled by a temporary employee and records indicate that further attention is required in this area.	Compliant But see 9.3.9 below

9.2 Standard 32 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was good evidence of maintenance activities and the home appeared clean and well kept. Redecoration including replacement floor coverings is an ongoing activity in the home.

9.2.2 Bedroom 25 in the Kingfisher unit has glazed panel sections fronting onto the adjacent corridor. Privacy to the occupant of the bedroom is afforded by the use of louvered blinds. The blinds do not adequately screen the inside of the bedroom from view from the corridor and further measures are required to achieve suitable privacy in the room. The provider has agreed to install obscure film to the glazed sections as well as retaining the blinds to achieve a suitable level of privacy.
See item 1 on the attached Quality Improvement Plan.

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 By in large, safe and healthy working practices appear evident in the home in accordance with this standard although some issues have been identified for attention by the user. These are detailed in the section of the attached quality improvement plan titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The report of the testing and inspection of the fixed wiring installation highlights two items requiring attention.
See item 2 on the attached Quality Improvement Plan.

9.3.3 Certificates relating to the servicing of the homes kitchen and laundry gas equipment were not available during the inspection. It is understood that this was carried in July of this year.
See 9.1 above and item 3 on the attached Quality Improvement Plan.

9.3.4 Three washer disinfectors have been installed in the home (one in each of the three units).
The provider should ensure that these are adequately maintained by a specialist/competent person and that all appropriate checks by staff are put in place and recorded. Reference should be made to the provisions of Health Technical Memorandum (HTM) 2030.
See item 4 on the attached Quality Improvement Plan.

9.3.5 The home's patient hoists have been replaced with new equipment in recent months. The provider should ensure that these are subjected to thorough examinations in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER) by a competent person and records retained.
See item 5 on the attached Quality Improvement Plan.

- 9.3.6 Records to support the servicing of the home's thermostatic mixing valves were not available. The provider explained that these are serviced annually by a competent contractor although records were not retained.
See 9.1 above and item 6 on the attached Quality Improvement Plan.
- 9.3.7 The temperature of hot water at the two hairdressing sinks was found to be in excess of recognized safe temperatures. Records indicated that these temperatures were previously within acceptable limits but appeared to rise to unacceptable levels some months ago. It was unclear during inspection whether there are currently thermostatic mixing valves fitted at the sinks as the services below them are boxed in and inaccessible without the use of tools.
See item 7 on the attached Quality Improvement Plan.
- 9.3.8 Checks to the temperature of thermostatically blended water by staff are limited to a number of outlets deemed as 'high risk'. These should cover all such outlets at an appropriate frequency. The provider should take advice from a competent person.
See item 8 on the attached Quality Improvement Plan.
- 9.3.9 Records indicate that the home's legionellae risk assessment was last reviewed by the previous manager in July 2010. Records to support the ongoing legionellae control measures were not available. The inspector took several measurements of water temperatures at outlets during the inspection and checked the temperature gauge on one of the main hot water calorifiers. These appeared satisfactory.
See 9.1 above and item 9 on the attached Quality Improvement Plan.
- 9.3.10 During the inspection several store rooms were found to be unlocked while unattended. Staff should be reminded of the importance of ensuring that all doors to areas where entry to patients is not authorized are kept locked when unattended.
See item 10 on the attached Quality Improvement Plan.

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

- 9.4.1 Fire Safety procedures in the home are, in the main, generally in line with this standard. Records inspected demonstrate good attention to fire safety matters. There are however a number of issues which need to be addressed. These are detailed in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.

- 9.4.2 Records indicate that weekly checks to the fire alarm system by staff have been reduced to fortnightly checks since around October 2012. These should be increased to weekly in accordance with the provisions of British Standard (BS) 5839.
See item 11 on the attached Quality Improvement Plan.
- 9.4.3 There were no records relating to the monthly check to the emergency lighting installation
See item 12 on the attached Quality Improvement Plan.
- 9.4.4 The home's fire risk assessment highlights the need for self-closing devices to bedroom doors in line with direction from the Northern Ireland Fire and Rescue Service (reference letter from RQIA June 2013). The provider stated that quotations for this are currently being sought as well as quotations for the replacement of the fire alarm and detection control and indicating equipment and fire detector heads.
See item 13 on the attached Quality Improvement Plan.
- 9.4.5 Servicing of the home's fire alarm and detection system was ongoing at the time of inspection and was last carried out on 5 May 2014. It is recommended that servicing intervals are so arranged that quarterly visits are in place by the specialist contractor.
See item 14 on the attached Quality Improvement Plan.
- 9.4.6 The fire risk assessment was reviewed on 25 November 2013. It is unclear whether the person carrying out the fire risk assessment holds professional registration or third-party accreditation by a recognised body for fire risk assessment. This was outlined in correspondence from RQIA to all care home providers in January 2013.
See item 15 in the attached Quality Improvement Plan

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mable Cole and Jervis Nutt as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



The **Regulation** and
Quality Improvement
Authority

Quality Improvement Plan

Announced Estates Inspection

Cornfield Centre Nursing Home

14 October 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X		X	P Cunningham	24/11/2014
C.	Clarification or follow up required on some items.					

NOTES:

The details of the quality improvement plan were discussed with Mable Cole, Registered Manager and Jervis Nutt, Registered Provider as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

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	Mabel Cole
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jervis Nutt

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Assurance, Challenge and Improvement in Health and Social Care

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	27 (2)(a)	Provide obscure finish to the glazed panels in bedroom 25 in the Kingfisher unit to afford improved privacy from the adjacent corridor. See 9.2.2 in report	8 weeks	obscure finish now in place on panels in bedroom 25 Kingfisher Unit.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	27 (2)(q) 14 (2)(a)	Provide confirmation that the items included on the report of the testing and inspection of the fixed wiring installation have been addressed appropriately in liaison with the specialist contractor. See 9.3.2 in report	8 weeks	RCD protection on circuits identified on report by specialist contractor now addressed.
3	27 (2)(q) 14 (2)(a)	Forward copies of certificates relating to the servicing of the homes kitchen and laundry gas equipment. See 9.3.3 in report	8 weeks	certificates relating to servicing of Kitchen and Laundry gas equipment forwarded.
4	27 (2)(q) 13 (7)	Provide confirmation that procedures have been implemented to ensure that the three washer disinfectors are appropriately maintained in accordance with the provisions of HTM2030 See 9.3.4 in report.	8 weeks	weekly checks of the three washers implemented and recorded by maintenance person.
5	27 (2)(q) 14 (2)(a)	Provide confirmation that procedures have been implemented to ensure that the home's new hoists are to be subjected to appropriate safety checks/thorough examinations in line with the provisions of LOLER See 9.3.5 in report.	8 weeks	Hoists checked on 10/11/14 and safety checks implemented twice yearly.

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Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6	27 (2)(q) 14 (2)(a)	Ensure that all future servicing of the home's thermostatic mixing valves are recorded for reference. See 9.3.6 in report.	ongoing	servicing to be completed yearly and certificate issued.
7	14 (2)(a)	Carry out remedial works to ensure that the temperature of the water at the hairdressing sinks is controlled to safe limits. See 9.3.7 in report.	As soon as is reasonably practical	Thermostatic mixing valves in place and temperature checks completed monthly.
8	14 (2)(a)	Extend the range of checks by staff to all thermostatically controlled hot water outlets to ensure that they are operating correctly. The frequency of checks should be agreed in liaison with a competent person. See 9.3.8 in report.	To begin as soon as is reasonably practical	Checks completed monthly.
9	14 (2)(c) 13 (7)	<p>a) Undertake a review of the legionellae risk assessment and implement all subsequent measure deemed appropriate. This should include the full range of routine control measures normally associated with controlling legionellae bacteria.</p> <p>b) Sampling for legionellae bacteria should be carried out along-side this as part of this requirement and a copy of the results forwarded to RQIA for information when same become available.</p> <p>See 9.3.9 in report.</p>	<p>a) 4 weeks</p> <p>b) when results are available</p>	<p>legionellae Risk Assessment completed on 28/10/14</p> <p>Sampling completed on 10/11/14 copy of results to be forwarded.</p>

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Assurance, Challenge and Improvement in Health and Social Care

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
10	14 (2)(a)	Ensure by way of instruction to staff that attention is given to locking unattended doors to areas and rooms where entry by patients is not authorized See 9.3.10 in report.	As soon as practically possible	Memo issued to Staff regarding locking of doors.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
11	27.(4)(d)(iv)	Ensure that the fire alarm and detection system is subjected to weekly user checks In accordance with the provisions of BS5839 See 9.4.2 in report.	To commence immediately and ongoing weekly	Weekly fire alarm checks now in place.
12	27.(4)(d)(iv)	Ensure that the emergency lights are subjected to monthly 'function' checks in accordance with the provisions of BS5266 and that records are retained. See 9.4.3 in report.	To commence immediately and ongoing monthly	Emergency Lights checked monthly and records maintained in maintenance file.
13	27.(4)(b)	The provider confirmed that quotations are sought for the installation of self-closing devices to bedroom doors throughout the home in line with correspondence from RQIA/NIFRS in June 2013. The provider should forward details of the programme of works for this including the intended timescales for completion. See 9.4.4 in report.	4 weeks	self closing devices to be installed in all bedroom doors by June 2015.

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Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
14	36.1	Annual servicing of the fire alarm and detection system should be arranged into quarterly visits by the specialist contractor. See 9.4.5 in report.	Ongoing	Quartely visits now in place
15	36.2	Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein: http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf see 9.4.6 in report.	At time of fire risk assessment review	person carrying out Fire Risk Assessment is in the process of registering with a professional body.

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Assurance, Challenge and Improvement in Health and Social Care