



# Unannounced Care Inspection Report 5 December 2018



## Cornfield Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 51 Seacoast Road, Limavady, BT49 9DW**  
**Tel No: 028 7776 1300**  
**Inspectors: James Laverty**

[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 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 registered nursing home which is registered to provide nursing care for up to 76 persons.

### 3.0 Service details

|                                                                                                                                                                                                                                                              |                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Organisation/Registered Provider:</b><br>Cornfield Care Centre<br><br><b>Responsible Individual(s):</b><br>Marcus Jervis Nutt                                                                                                                             | <b>Registered Manager:</b><br>Mrs Patricia Deighan                                                                                                                              |
| <b>Person in charge at the time of inspection:</b><br>Mrs Patricia Deighan                                                                                                                                                                                   | <b>Date manager registered:</b><br>10 January 2017                                                                                                                              |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>DE – Dementia<br>I – Old age not falling within any other category<br>PH – Physical disability other than sensory impairment<br>PH(E) - Physical disability other than sensory impairment – over 65 years | <b>Number of registered places:</b><br>76 comprising:<br>51 - NH-I, NH-PH, NH-PH(E)<br>25 - NH-DE<br><br>The home is also approved to provide care on a day basis to 3 persons. |

### 4.0 Inspection summary

An unannounced inspection took place on 5 December 2018 from 09.30 to 16.40 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to adult safeguarding awareness, staff management, fire safety, the internal environment, monitoring the professional registration of staff and staff handovers. Further areas of good practice were also found in regards to risk assessing, staff communication with patients, managing the spiritual needs of patients, monthly monitoring visits and governance processes which focus on quality assurance and service delivery.

No areas for improvement were identified during this inspection.

Several patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. Patients' comments concerning nursing care or service delivery which were expressed during the inspection are referenced in section 6.6.

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> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Patricia Deighan, Registered Manager, Ms Heather Moore, Operations Director, Mr Jervis Nutt, Responsible Individual and Mr Ewen Harper, Finance Manager as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 4 & 5 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 4 and 5 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 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 may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their observations are included within this report.

During the inspection the inspector and lay assessor met with seven patients, one patient's relative and seven staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2017/18
- accident and incident records
- two patients' care records and supplementary accident records for one patient
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager, operations director and senior management team at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 4 and 5 April 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 4 and 5 April 2018

| 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><br><b>Ref:</b> Regulation 13 (7)<br><b>Stated:</b> First time        | The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.   | <b>Met</b>               |
|                                                                                                    | <b>Action taken as confirmed during the inspection:</b><br>Observation of the environment confirmed that this area for improvement had been satisfactorily met.                   |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 14 (2) (a)(c)<br><b>Stated:</b> First time | The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.                                                                                   | <b>Met</b>               |
|                                                                                                    | <b>Action taken as confirmed during the inspection:</b><br>Review of the environment evidenced that chemicals were stored in keeping with COSHH regulations.                      |                          |
| <b>Area for improvement 3</b><br><b>Ref:</b> Regulation 13 (4)<br><b>Stated:</b> First time        | The registered person shall ensure that all patients' medicines are stored safely and securely within the home at all times.                                                      | <b>Met</b>               |
|                                                                                                    | <b>Action taken as confirmed during the inspection:</b><br>Observation of the environment confirmed that all patients' medicines were stored safely and securely within the home. |                          |

| <b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>  |                                                                                                                                                                                                                                                                                                                                                                                         | <b>Validation of compliance</b> |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 39<br><br><b>Stated:</b> First time | <p>The registered person shall ensure that appropriate arrangements are in place to ensure that all staff attend adult safeguarding training.</p> <p>The registered manager should further ensure that this training is fully embedded into practice.</p>                                                                                                                               | <b>Met</b>                      |
|                                                                                               | <p><b>Action taken as confirmed during the inspection:</b><br/>           Discussion with the registered manager and staff confirmed that appropriate arrangements were in place to ensure that all staff attended adult safeguarding training. Discussion with staff provided assurance that this training was fully embedded into practice.</p>                                       |                                 |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 6<br><br><b>Stated:</b> First time  | <p>The registered person shall ensure that all routines and care practices within the home are patient centred, specifically, all patients shall be assisted to/from their wheelchairs in a timely manner.</p>                                                                                                                                                                          | <b>Met</b>                      |
|                                                                                               | <p><b>Action taken as confirmed during the inspection:</b><br/>           Discussion with the registered manager/staff and observation of care delivery confirmed that patients were transferred to/from wheelchairs in a timely and compassionate manner.</p>                                                                                                                          |                                 |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 38<br><br><b>Stated:</b> First time | <p>The registered person shall ensure that governance processes are in place which facilitate and evidence effective arrangements for monitoring and reviewing the registration status of care staff with the Northern Ireland Social Care Council (NISCC).</p>                                                                                                                         | <b>Met</b>                      |
|                                                                                               | <p><b>Action taken as confirmed during the inspection:</b><br/>           Review of governance records and feedback from the registered manager provided assurance that governance processes were in place which facilitated and evidenced effective arrangements for monitoring and reviewing the registration status of care staff with the Northern Ireland Social Care Council.</p> |                                 |

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                     |            |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Standard 35<br><br><b>Stated:</b> First time | The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, wound care and restrictive practice audits. | <b>Met</b> |
|                                                                                               | <b>Action taken as confirmed during the inspection:</b><br>Review of available wound care and restrictive practice audits evidenced that they had been completed in accordance with legislative requirements, minimum standards and current best practice.                                                                                                                          |            |

**6.3 Inspection findings**

**6.4 Is care safe?**  
  
**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. All staff spoken with expressed a high level of confidence in the support they received from the registered manager. In addition, three staff also stated that they had received support from the operations director and responsible individual. One staff member stated: "(I'm ... very well supported here..." while another staff member told the inspector "I feel professionally and personally supported."

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. The post falls management of patients is discussed further in section 6.5.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. All staff who were spoken with demonstrated good awareness of their role and responsibilities in regards to recognising and reporting safeguarding incidents if necessary. One patient did express some concerns in regards to care delivery during the inspection and these comments were shared with the registered manager and ASC for appropriate response and action, as necessary. Following the inspection, the ASC confirmed that the concern had been appropriately responded to and that contact had been made with the relevant Health and Social Care Trust to discuss and review the patient's ongoing care needs.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council. Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. The interior of the home was maintained to a high standard of cleanliness and no concerns were expressed by patients concerning the décor or cleanliness of the home. One storage room and one radiator within a nursing treatment room were noted to require cleaning and this was brought to the attention of the registered manager. It was also noted that two radiators within one patient's bedroom had their covers dismantled. However, the registered manager and nursing staff confirmed that this was due to maintenance works being carried out and that the covers would be refitted as necessary.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection also evidenced that they adhered to safe fire practices.

Observation of the environment confirmed that all patients' medicines were stored safely and securely within the home. One nursing treatment room, in which patients' medicines were accessible, was noted to be temporarily unlocked; the registered manager agreed to remind nursing staff of the importance of keeping all such areas appropriately secure at all times.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to adult safeguarding awareness, staff management, fire safety, the internal environment, and monitoring the professional registration of staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

|                                              | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home. One staff member commented "It's good working here...I've no concerns."

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

Discussion with staff confirmed that they possessed a good awareness of the need to complete supplementary care charts in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Staff currently record the majority of care delivery using an electronic system, 'epicCare', although some paper records are also used on occasion. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Care records evidenced that a range of validated risk assessments were used and informed the care planning process.

Care records for one patient who was assessed as regularly waking prior to 07.00 hours were reviewed. It was positive to note that this patient's preference in regards to rising from bed early each day was clearly referenced within a comprehensive and person centred care plan. It was also noted that this sleeping pattern was accurately highlighted in a related risk assessment. Daily nursing notes similarly referred to the patient's waking/sleeping pattern and feedback from staff provided assurance that they recognised the need to promote and safeguard patients' choices. One staff member stated: "If they (patients) don't want to get up, they shouldn't." In addition, two staff members spoke knowledgably about the sleeping pattern of the identified patient.

The management of patients who fall was also considered. The care records for one such patient who had experienced an unwitnessed fall on two occasions were reviewed and confirmed that an appropriate and accurate risk assessment was in place and had been reviewed regularly by nursing staff. It was also found that the daily nursing record accurately

described the circumstances surrounding the patient falling on the two dates being reviewed. Supplementary accident records had also been completed by staff following each incident. While the patient’s vital signs had been recorded by nursing staff on both occasions, there were no neurological observations obtained by nursing staff following each fall. This was discussed with the registered manager and operations director and it was agreed that nursing staff should record neurological observations for at least 24 hours following any unwitnessed fall and/or head injury.

The use of restrictive practices were also reviewed, specifically one patient who required the use of a wheelchair lap belt throughout the day. Review of the patient’s care plans did evidence that their mental state was considered along with how to manage the assessed risk of falling and how to ensure that the patient’s rights were adequately safeguarded. Feedback from staff highlighted that while the intervention was monitored on an hourly basis by staff, there were no robust arrangements in place to ensure that the lap belt was safely and appropriately released periodically throughout the day. During and following the inspection, the registered manager confirmed that the patient had been assessed for the most appropriate type of seating by the relevant occupational therapy department in order to ensure the patient’s comfort, dignity and safety. It was agreed with the registered manager that the patient’s care plans should explicitly reference the restrictive intervention being used by staff in addition to any discussion with the patient’s relatives and how release of the lap belt is to be managed. This will be reviewed at a future care inspection.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff handovers, risk assessing and the storage of records.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|                                              | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be timely, compassionate and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

The lay assessor assisted six patients with completion of patient questionnaires during the inspection. Feedback received from several patients during the inspection included the following comments:

- “The food is good...there’s good variety. You wouldn’t get better at home.”

- “The girls are very good.”
- “I can see nothing wrong.”
- “I think there’s good care here.”

Feedback received from one patient’s relative during the inspection included the following comment:

- “The unit is great.”

In addition to speaking with patients, patients’ relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, two patients’ relatives’ questionnaires have been returned within the specified timescales following the inspection. Both respondents expressed a high level of satisfaction with the delivery of care. Returned questionnaires included the following comment:

- “Very pleased with the staff and management in respect of the care ...”

Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. It was also positive to note that there were well maintained notice boards for patients’ relatives/representatives within the home in addition to a wide range of useful information leaflets from organisations such as the Alzheimer’s society.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. It was observed that a religious service was being provided to those patients who wished to attend during the inspection.

Discussion with the registered manager highlighted that an activity therapist has recently been appointed within the home. Feedback from the activity therapist indicated that there is an intention for individual assessment booklets to be completed for each patient as part of a goal to further develop a patient centred activity programme throughout the home. It was also noted that various Christmas themed activities were underway/planned throughout the month of December.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff communication with patients, and managing the spiritual needs of patients.

## Areas for improvement

No areas for improvement were identified during the inspection.

|                                              | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint. One patient did express dissatisfaction with care delivery to the lay assessor and their comments were shared with the registered manager and operations director. It was agreed that the patient's comments would be addressed via the home's complaints procedure. Feedback from the operations director following the inspection provided assurance that the matter was being addressed appropriately.

Discussion with the registered manager and a 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 records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice guidance.

A 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 accordance with best practice guidance in relation to wound management and restrictive practice. Review of these audits evidenced that they were completed on a monthly basis by senior nursing staff within each suite and then reviewed by the registered manager. Both audits contained relevant action plans which clearly allocated required actions to staff members. The registered manager agreed to only use specific deadlines for such actions in order to ensure that ongoing and timely improvement within the home could be achieved and effectively monitored.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to monthly monitoring visits and governance processes which focus on quality assurance and service delivery.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|                                              | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care