



The **Regulation** and
Quality Improvement
Authority

Cornfield Care Centre
RQIA ID: 1204
Kingfisher, Nightingale and Goldfinch
Suites
51A Seacoast Road
Limavady
BT49 9DW

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Unannounced Follow up Care Inspection
of
Cornfield Care Centre
Kingfisher, Nightingale and Goldfinch Suites

07 September 2015

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 7 September 2015 from 09.00 to 16.00.

This inspection was undertaken to follow up on the progress made regarding the findings of an unannounced inspection conducted on 24 June 2015, when serious concerns were raised by RQIA regarding staffing arrangements, meals and mealtimes, management of weight loss, management of fluids, management of pressure ulcer care, restrictive practices, management of medications and the overall management arrangements in the home.

The findings of the previous inspection relate to The Nightingale Suite of the home. A serious concerns meeting was held with the registered persons and senior management within RQIA on 1 July 2015 where an action plan was agreed in order to address the concerns raised during the previous inspection on 24 June 2015 as a matter of urgency.

The inspector reviewed services and care provided in all three units of the home. Overall on the day of the inspection, the concerns and areas of improvement identified from previous inspection 24 June 2015 in The Nightingale Suite were mainly all addressed and all three units in the home were assessed on this occasion as providing safe, effective and compassionate care. The areas identified for improvement are set out in the Quality Improvement Plan (QIP) within this report.

It is not the remit of RQIA to investigate complaints 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.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last care inspection on 24 June 2015.

1.2 Actions/Enforcement Resulting from this Inspection

There was no enforcement action taken as a result of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with David Ross, manager and Ewen Harper, finance manager, and Heather Moore, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Cornfield Care Centre/Mr Marcus Jervis Nutt	Registered Manager: David Ross (acting)
Person in Charge of the Home at the Time of Inspection: Mr David Ross, manager	Date Manager Registered: 30 June 2015
Categories of Care: NH-I, NH-DE, RC-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 76
Number of Patients Accommodated on Day of Inspection: 73 in total comprising of: Kingfisher 26 Nightingale 22 Goldfinch 24	Weekly Tariff at Time of Inspection: £638.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection on 24 June 2015.

The concerns raised were in relation to:

- staffing arrangements;
- meals and mealtimes;
- management of weight loss, management of fluids, management of pressure ulcer care;
- restrictive practices;
- management of medications;
- overall management arrangements in the home.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted 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 plans (QIP) from inspections undertaken in the previous inspection year; and
- the previous care inspection report.

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the Nightingale, Kingfisher and Goldfinch Suites of the home. We met in total with 32 patients, three registered nursing staff, seven care staff, two ancillary staff and four patients' visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements;
- staff duty rotas;
- training records;
- six patient care records;
- records pertaining to restraint;
- repositioning charts;
- food and fluid intake charts;
- Regulation 29 monitoring reports;
- available guideline documentation.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced follow up care inspection dated 24 June 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (4) (5) (6)	<p>The registered person must ensure that arrangements are in place to ensure that patients are not restrained unless it is used as a last resort and as agreed by a multi-disciplinary team and recorded in accordance with best practice guidance on restraint.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Since the previous inspection all patients subject to any form of restraint has been reviewed. All staff in the Nightingale Suite have received individual supervision from senior management in the home regarding the management of restraint. There are records maintained of those patients deemed by the multidisciplinary team as requiring restraint. The records include when restraint is used, why it is used, how long it is being used for and if there are any ill effects from patients being restrained. The patients care plans have been updated to reflect their care needs.</p> <p>There are various guideline documents available throughout all units in the home. They include best practice guidelines such as Royal College of Nursing, (RCN) "Lets' talk about restraint" and Northern Health and Social Services Board's guidelines entitled, "No restraint/minimal restraint guidelines."</p>	

<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p>	<p>The registered person must ensure that staffing levels and the deployment of staff is reviewed to ensure the needs of the patients are met.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Staffing has been reviewed since the previous inspection. The duty rotas were reviewed and the following was evidenced in the Nightingale Suite; one additional care assistant has been rostered from 08.00 to 14.00 hours and additional care assistant has been rostered from 17.00 to 22.00 hours. In addition a second registered nurse has been deployed to work in the Nightingale Suite from 08.00 to 14.00. Staff spoken with on the day of inspection stated that the additional members of staff on duty has assisted them to ensure patients receive care in a timely way to meet their needs and that care is delivered in keeping with best practice and they now have time to ensure they update the care records in a contemporaneous manner.</p> <p>On the morning of the unannounced inspection there were two registered nurses and five care staff on duty in the Nightingale unit. Two registered nurses and six care staff on duty in the Kingfisher unit and in the Goldfinch unit there were two registered nursing staff and four care assistance on duty.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 12 (4) (b) and (c)</p>	<p>The registered person must review the serving of food and fluids in accordance with the 'Nutritional guidelines and menu checklist for residential and nursing homes' 2014.</p> <p>The registered person must also ensure that:</p> <ul style="list-style-type: none"> • staff provide appropriate supervision to patients during meal times; • meals are served to patients in a timely manner to meet the patients' needs; • meals are served to patients at the correct temperature; • patients who require a pureed meal have their food appropriately presented; and • meals are served in accordance with best practice for persons with dementia; in a dignified manner and ensuring a positive experience for patients. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Since the previous inspection the meal times have been re-organised in the Nightingale unit to provide two separate sittings for the lunch time and evening meals. As previously stated there is an additional member of staff available from 08.00 to 14.00 and from 17.00 to 22.00. The lunchtime meal was observed throughout all units of the home. They were found to be well organised and managed in accordance with the 'Nutritional guidelines and menu checklist for residential and nursing homes' 2014.</p> <p>The following was observed:</p> <ul style="list-style-type: none"> • adequate staff were available throughout the serving of the lunchtime meal, they provided adequate supervision and support to patients during the meal. Registered nursing staff were also available for assistance throughout the mealtime; • meals were observed to be served in a timely way; • meals were observed to be served at the correct temperature; • pureed meals were nicely presented and appeared appetising; and • overall the meals were observed to be served in accordance with best practice for persons with dementia. Patients were observed to have a positive experience during the lunch time meal. 	
<p>Requirement 4</p> <p>Ref: Regulation 13 (4) (a)</p>	<p>The registered person must ensure that any medication which is kept in the nursing home is stored in a secure place.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An additional medicine trolley is now in use and it was observed to be appropriately stocked. The morning medication was observed and the trolley was observed to be secure at all times. Medications were also observed to be administered and stored in accordance with the Nursing Home Regulations (Northern Ireland) 2005.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 12 (1) (a) and (b)</p>	<p>The registered person must ensure that the treatment and any other services provided to each patient meets their identified assessed needs and reflects current best practice in relation to:</p> <ul style="list-style-type: none"> • weight loss; • fluid intake; and • pressure area care. <p>Action taken as confirmed during the inspection:</p> <p>Six care records were reviewed in relation to the above concerns. All records reviewed had been updated. Patients identified with weight loss had their needs assessed in keeping with best practice. An up to date care plan was in place and where relevant they had been referred to a speech and language therapist or dietician.</p> <p>The management of patients identified as at risk of dehydration had their care records updated and a care plan was in place to manage food and fluid intake. Where relevant, fluid balance charts were in place. They were observed to be maintained in keeping with best practice. Targets were recorded and the record was reviewed by the registered nurse at the end of a 24 hour period.</p> <p>Pressure ulcer care was reviewed of six patients identified as being at risk from pressure ulcer damage or had a current wound/pressure ulcer. Where relevant repositioning charts were in place. The NICE guidelines were available for staff. Staff spoken with were knowledgeable of all patients who were at risk and who had current wounds/pressure ulcers. An initial wound chart was completed on all patients identified as having a wound/pressure ulcer. On-going wound charts were completed each time the wound/pressure ulcer was redressed. The current status of the wound/pressure ulcer was recorded and the care plan was updated in keeping with best practice guidelines.</p>	<p>Met</p>
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<p>Requirement 6</p> <p>Ref: Regulation 16 (1) (2)</p>	<p>The registered person must ensure that patients' care plans are in place and reviewed monthly or more often if deemed appropriate in relation to:</p> <ul style="list-style-type: none"> • nutrition; • restraint; and • wound care. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>As previously stated six care records were reviewed in relation to nutrition and wound care. See requirement 5 for the inspection findings.</p> <p>Three records were reviewed in relation to the management of restraint and restrictive practice. There was sufficient detail in place to direct staff as to when restraint is to be used and the consultation process. Audits are carried out on all patients where any form of restraint is used. Detailed records are now maintained of when restraint is used and for how long.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 20 (1) (c) (i)</p>	<p>The registered person must ensure that training is carried out in the following areas:</p> <ul style="list-style-type: none"> • restraint and restrictive practices; and • dementia care. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Formal training in dementia awareness and restraint/restrictive practices was attended by seven staff on 23 July 2015. It is recommended that this training is cascaded to all registered nurses and care staff.</p>		

<p>Requirement 8</p> <p>Ref: Regulation 17 (1)</p>	<p>The registered person must introduce and ensure systems are maintained for reviewing the quality of nursing and other service provision in the nursing home. This must include a review of the current leadership and governance/management arrangements in the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There has been a change of management since the previous inspection. David Ross has been appointed the role of acting manager and has been supported by Heather Moore from the sister home on the same site. Together they have introduced systems to ensure the quality of nursing and other service provision is maintained in accordance with The Nursing Home Regulations (Northern Ireland) 2005. A new manager has been appointed and is due to commence their role in the near future. A new nursing sister has also been appointed and is currently on induction.</p> <p>Auditing systems are now in place to regularly review the quality of nursing and services provided. Records are maintained of the audits and their outcomes and actions taken.</p>		

5.3 Additional Areas Examined

Regulation 29 Monitoring Reports

In order to validate the governance arrangements in the home, a review of the Regulation 29 monitoring visit reports was undertaken. The following issues should be addressed:

- the full time of the visit was not recorded;
- details of the patients' spoken with should be recorded and anonymized using the unique identification numbers;
- the findings should identify which unit the report refers to;
- there was no reference to accidents or incidents;
- there was no reference to complaints;
- information in the reports which should not be included should be redacted as discussed;
- there was no reference made to the progress made following the inspection report from RQIA on 24 June 2015.

It is recommended that the above issues are addressed. It is also recommended the person receiving the report dates and signs when they receive the report. It is also recommended that the registered person refers to the guidance for the report on RQIA website.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed David Ross, manager and Ewen Harper, finance manager and Heather Moore, manager.

The registered person/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 person/manager 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be Completed by: 16 November 2015</p>	<p>The registered person shall ensure that training is carried out for all registered nursing and care staff in the following areas:</p> <ul style="list-style-type: none"> • restraint and restrictive practices; and • dementia care. 		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Training in restraint and restrictive practices is planned for registered nurses and care staff from week beginning 12 October 2015 Dementia care, and Dementia Care Mapping is also programmed for care staff from 1st November 2015. Three registered nurses are also planning to attend the RCN SPACE Dementia Care Programme.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The registered person shall ensure that the issues identified in section 5.3 regarding the Regulation 29 monitoring reports are addressed. The registered person shall also ensure that the person receiving the report dates and signs when they receive it. The registered person should also refer to the guidance for the report on RQIA website.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: The Regulation 29 template has been reviewed and updated in accordance with guidance for the report on RQIA website. The issues identified in Section 5.3 regarding Regulation 29 monitoring reports have been addressed. The Registered person shall also ensure that the person receiving the report dates and signs the report appropriately.</p>		
Registered Manager Completing QIP	Heather Moore	Date Completed	08/10/15
Registered Person Approving QIP	Jervis Nutt	Date Approved	08/10/15
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	02/11/15

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