



The Regulation and
Quality Improvement
Authority

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

Inspector: Norma Munn
Inspection ID: IN022790

Tel: 0287776 1300
Email: ewen@cornfieldcarecentre.co.uk

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

24 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 24 June 2015 from 09.30 to 17.00.

This inspection was undertaken in response to two complaints received by RQIA. Information was received by RQIA on 1 June 2015, followed by a further complaint on 23 June 2015. The concerns were in relation to staffing arrangements, moving and handling practices, meals and mealtimes, weight loss and continence management of patients.

Discussion with the deputy manager on the day of the inspection confirmed that both complaints referred to the Nightingale Suite of the home.

Overall on the day of the inspection, concerns and areas of improvement were identified within the Nightingale Suite and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

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 2 June 2014.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding the use of restrictive practice, staffing arrangements, meals and mealtimes, management of weight loss, fluids and pressure area care and medication was issued to Mr Jervis Nutt, registered person, Mr David Ross, deputy manager, and Mr Ewen Harper, finance manager at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

As a result of the inspection, RQIA were concerned that the quality of care and service within the Nightingale Suite of Cornfield Care Centre was below the minimum standard expected. The findings were reported to senior management in RQIA and a decision was made to hold a serious concerns meeting with Mr Jervis Nutt, registered person. The concerns identified at inspection were communicated in correspondence to Mr Nutt and a meeting took place at RQIA on 1 July 2015.

The meeting was attended by Mr Jervis Nutt, registered person, Mr David Ross, deputy manager and Mr Ewen Harper, finance manager. An action plan to address the identified deficits was submitted to RQIA at the meeting. At the conclusion of the meeting, it was agreed that the action plan would be reviewed and revised to reflect the matters discussed. The revised action plan was to be submitted by 8 July 2015. RQIA can confirm that the revised action plan has been received.

A follow-up monitoring inspection will be undertaken to monitor the progress made.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	8	0

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Jervis Nutt, registered person, Mr David Ross, deputy manager and Mr Ewen Harper, finance 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: Ms Mabel Cole
Person in Charge of the Home at the Time of Inspection: Mr David Ross, deputy manager	Date Manager Registered: 10 April 2014
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 24 Goldfinch 23	Weekly Tariff at Time of Inspection: £638.00

3. Inspection Focus

The first anonymous concern was received by RQIA on 1 June 2015 and was referred to the registered person, Mr Jervis Nutt to investigate. However, a further complaint was subsequently received by RQIA on 23 June 2015.

The concerns raised were in relation to:

- staffing arrangements;
- moving and handling practices;
- meals and mealtimes;
- weight loss; and
- continence management.

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.

Following discussion with senior management, it was agreed that an inspection would be undertaken to review the areas identified above.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

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 Suite of the home. We met with 17 patients, one nursing sister, five care staff, one student nurse, 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 in the home;
- staff duty rotas;
- training records;
- three patient care records;
- records pertaining to restraint;
- repositioning charts; and
- food and fluid intake charts.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced follow up estates inspection dated 15 January 2015. The completed QIP was returned and approved by the estates 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 16 (1)	The registered person must ensure that the following has been effectively addressed; <ul style="list-style-type: none"> when fluid targets are not achieved the information is recorded in the patients care plans on eating and drinking. 	Met
	Action taken as confirmed during the inspection: Review of two patients' care records evidenced that fluid intake had been recorded in the patients' progress notes. Therefore, this requirement has been met. However, a separate requirement has been made in relation to the management of fluid intake.	
Requirement 2 Ref: Regulation 30 (1) (d)	The registered person shall inform RQIA of any incident in the home that affects the patients' health and wellbeing	Met
	Action taken as confirmed during the inspection: Review of incident records prior to the inspection and discussion with the acting manager during the inspection confirmed that RQIA have been notified of incidents affecting patients' wellbeing.	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.3	It is recommended that the type of pressure relieving equipment on patients' beds and when sitting out of bed be recorded in the patient's care plans on pressure area care and prevention.	Met
	Action taken as confirmed during the inspection: Review of two patients' care plans evidenced the use of specialised pressure relieving cushions.	

5.3 Areas Examined within the Nightingale Suite

Staffing Arrangements

Information from complaints received by RQIA indicated that staffing levels had been decreased recently and concerns were outlined about the impact this was having on the staffs' ability to meet patients' needs.

On the day of the inspection, 17 patients were consulted and no concerns were raised regarding their care. However, four out of nine staff consulted expressed their concern at the reduced staffing levels, the increase in dependency levels of patients and the impact this was having on the needs of the patients.

There were 24 patients accommodated in the Nightingale Suite with one registered nursing sister and five care assistants on duty. However, one care assistant left the unit at 13.10 leaving the unit short staffed over the lunch time period. The inspector observed that patients' needs during this meal time were not being met in a timely manner. Refer to the section on meals and mealtimes below.

Discussion with the nursing sister in charge confirmed that there was one registered nurse on duty in the Nightingale Suite during the day and night. Observation and discussion with the nursing sister on the day of the inspection evidenced the medicine round commencing at 9.00 and finishing at 11.15. The nursing sister confirmed that she was unable to adequately supervise patients and staff within the unit due to the length of time it took her to complete the administration of patients' medications.

During feedback, the registered person discussed the recent changes in management and the difficulties recruiting new staff. Assurances were given by Mr Nutt that staffing levels and the deployment of staff would be reviewed to meet the needs of the patients within the home. A requirement has been made in this regard.

Meals and Mealtimes

The serving of the lunch time meal for patients was observed. The meals were being served from a heated trolley. Discussion with staff indicated that the majority of the patients in the dining room required assistance with their meal. The inspector observed that patients' needs during this meal time were not being met in a timely manner.

There was inadequate supervision of patients throughout the serving of the lunch time meal. The registered nurse in charge was not in attendance during the serving of the meal and care staff were observed to be completing more than one task at a time. Several staff were observed standing while assisting patients with their meal. Other staff were leaving patients they were assisting to attend to other patients that required assistance.

A number of patients who had been served their meal had to wait for a period of time before assistance was available from staff. Their meals were allowed to go cold during this time. Staff were observed feeding two patients at the one time on three separate occasions.

Several meals of a pureed consistency were poorly presented. The majority of patients were observed wearing plastic aprons as napkins.

Overall the quality of food and the dining experience for patients was not in accordance with the "Nutritional guidelines and menu checklist for Residential and Nursing Homes" 2014. A requirement has been made in relation to meals and mealtimes.

Management of Weight Loss, Fluids and Pressure Area Care

A review of patients' monthly weight records evidenced that the actual date the weight had been taken had not been accurately recorded. Three patients had been identified as having a significant weight loss in one month. Discussion with the nursing sister confirmed that no action had been taken regarding the weight loss of the patients identified.

A review of one patient's care record identified that they had a weight loss of 12.5 kilograms in one month. The following was evidenced:

- the Malnutrition Universal Screening Tool (MUST) had not been reviewed;
- the amount of weight loss had not been recorded in the patient's progress notes; and
- the care plan had not been reviewed to highlight the weight loss.

Several patients were identified as being at risk of dehydration. A review of patients' fluid records evidenced that staff were recording patients' fluid intake over a 24 hour period. However, when patients' fluid intake was inadequate, staff were not recording the action taken to address poor fluid intake in the daily progress notes.

A review of one patient's care records identified as requiring wound care evidenced some ambiguity regarding the nature, grade and position of the wound. Three care plans were in place for this patient in relation to the two wounds identified. Discussion with the nursing sister confirmed that all three care plans were inaccurate and had not been updated.

A review of three patients' repositioning charts evidenced that the full name of the patient and the frequency of repositioning had not been recorded. The repositioning charts had been completed inaccurately and there were gaps in recording the care given.

One patient nursed in bed had been identified as requiring zero pressure to their wound. However, observation and discussion with staff indicated that the patient had not been positioned correctly according to the care plan.

Requirements have been made in relation to the management and recording of nutrition, weight loss, fluids and pressure area care.

5.4 Additional Areas Examined

Restrictive Care Practices

One patient was observed secured to a dining room chair with a lap belt fastened around the patient's waist restricting the patient's movement. The patient was observed attempting to rise out of the chair and move the chair backwards. Staff were unaware of the health and safety risk to the patient and any distress this patient may have been experiencing. This issue was brought to the attention of staff to address as a matter of urgency.

A further nine patients were observed seated in specialised chairs with lap belts in place restricting their movement. Discussion with staff indicated that the patients identified were at risk of falling and there was insufficient staff to observe these patients and ensure their safety. There was some confusion with staff in relation to when restraint should be used and a lack of knowledge regarding restrictive practices.

Discussion with the nursing sister confirmed that care plans for the use of restraint were not all in place and/or had not been updated. Therefore, there was insufficient evidence to support that the multi-disciplinary team and patients and/or their representatives had been consulted in relation to the use of restricted practice as outlined in best practice.

A log was available to record the time limit of restraint for each patient. However, a review of the log for the day of the inspection did not evidence when restraint had been in place or released. Discussion with staff indicated that they did not have sufficient time to complete these records in keeping with best practice.

A requirement has been made to ensure that patients are not restrained unless as a last resort and as agreed by a multi-disciplinary team and recorded in accordance with best practice guidance on the management of restraint.

A review of training records and discussion with the acting manager confirmed that staff training had not taken place regarding the use of restraint or restrictive practices. A requirement has been made that staff receive training in restraint and restrictive practices and dementia care.

Management of Medication

The medicine trolley was observed to be left unlocked and unattended in the corridor. The nursing sister was administering medications in the lounge nearby. This was immediately brought to the attention of the nursing sister to address.

Prescribed medication was observed to be stored in an open topped basket on top of the medicine trolley. There were eight bottles of liquid medication observed in the basket. Discussion with the nursing sister confirmed that there was no room in the medicine trolley to store the liquid medication safely.

A requirement has been made.

Overall management of the home

Observation during the inspection evidenced a lack of knowledge in the use of restraint and restrictive practice, poor management of food and fluids, weight loss and pressure area care and storage of medication. There was a lack of leadership and governance/ management within the home.

During the inspection, there was no evidence of the effective promotion of nursing care which includes robust systems for reviewing, at appropriate intervals the quality of nursing and other services provided by the home. There was no evidence to support that systems were in place and monitored, in respect of:

- the management and use of restraint and restrictive practices;
- staffing / management arrangements;
- the management of meals and mealtimes;
- the management of nutrition, weight loss and fluids;
- the management of pressure area care;
- storage of medication;
- training arrangements for staff; and
- records and recording practices.

The overall leadership and governance/management arrangements in the home must be reviewed to ensure that at all times, The Nursing Home Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015 are embedded into the day to day management of the home, care practices and service delivery to patients accommodated in the home. This matter was discussed with the registered person during feedback who gave assurances that the concerns raised during the inspection would be addressed. A requirement has been made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Jervis Nutt, responsible person, Mr David Ross, deputy manager and Mr Ewen Harper, finance 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 Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14 (4) (5) (6)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</p>	<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>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The use of restrictive practices in the home has been reviewed. Patients care plans have been reviewed and updated to direct staff in regard to restrictive practices.</p> <p>Patients who are restrained have daily records in place.</p> <p>Consultation has been undertaken with patients' representatives, care managers, and Trust representatives in regard to restraint.</p> <p>Records are available for inspection.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</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>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Registered nursing and care staffing levels have been reviewed. One additional care assistant has been rostered from 8am-2 pm. One carer has also been deployed from 4.30.-10pm.</p> <p>A newly appointed Nursing Sister has been recruited and shall commence employment on Monday 7 September 2015.</p>

<p>Requirement 3</p> <p>Ref: Regulation 12 (4) (b) and (c)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</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. <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Since the previous inspection two sittings at lunch time have been provided.</p> <p>The additional care staff employed have ensured that patients' meal times are held in a timely manner.</p> <p>Staff lunch breaks have been altered, staff have their lunch breaks after the patients have had their meals this ensures that there is appropriate supervision to patients during meal times.</p> <p>Consultation has taken place with the Catering manager to ensure that the quality and presentation of food has been improved upon.</p>
<p>Requirement 4</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</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>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>A Sister's meeting was undertaken on the 6 July 2015 to review the administration of medicines.</p> <p>Nursing sisters and registered nurses informed that under no circumstances should the medicine trolley be left unattended as in accordance with the Nursing Homes Regulations (Northern Ireland) 2005.</p>

<p>Requirement 5</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate from the date of inspection</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>Response by Registered Person(s) Detailing the Actions Taken: Weight loss Patients MUST Assessments have been reviewed and updated. Patients have been referred to the dietician as appropriate. Consultation has taken place with the Dietician on the 4 August 2015. The Food fortification programme is now in place. Fluid Intake. Patients care plans have been reviewed in regard to fluid intake, patient's daily fluid charts are recorded and reconciled on a daily basis. Patients whose fluid balance does not meet their target are recorded on the daily shift report and actioned appropriately. Pressure Area Care Patients on bedrest have a risk assessment and care plan in place for pressure area management. Repositioning charts for patients on bedrest are completed 2 hourly.</p>
<p>Requirement 6</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 17 July 2015</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>Response by Registered Person(s) Detailing the Actions Taken: Patients care plans have been reviewed and updated on a monthly basis or more often if deemed appropriate. Care plans are in place on nutrition, restraint, and wound care.</p>
<p>Requirement 7</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be Completed by: 17 July 2015</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>Response by Registered Person(s) Detailing the Actions Taken: Seven staff members including five care assistants, and two registered nurses attended training on Dementia Awareness and Restraint including restrictive practices on the 23 July 2015. Further training is planned for the end of the year.</p>

<p>Requirement 8</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be Completed by: 17 July 2015</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>Response by Registered Person(s) Detailing the Actions Taken: A newly appointed manager has been recruited. To commence employment by the 30 September 2015. She shall be supported by the Deputy Manager. Governance arrangements in the home has been reviewed. Staff supervision has commenced and Annual Staff Appraisal is ongoing. Monthly visits in accordance to Regulation 29 of the Nursing Homes Regulations(Northern Ireland) 2005 have been undertaken by Mr Trevor Guage Private Consultant. Monthly patients questionnaires are also distributed during these visits. Accident /Incident audits ,General audits, and complaints audits are also undertaken in the home.</p>		
<p>Registered Manager Completing QIP</p>	<p>David Ross Acting Manager</p>	<p>Date Completed</p>	<p>11/08/2015</p>
<p>Registered Person Approving QIP</p>	<p>Jervis Nutt</p>	<p>Date Approved</p>	<p>11/08/2015</p>
<p>RQIA Inspector Assessing Response</p>	<p>Norma Munn</p>	<p>Date Approved</p>	<p>26/08/2015</p>

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