

Unannounced Care Inspection Report

27 July 2017



Cornfield Care Centre

Type of Service: Nursing Home (NH)
Address: 51 Seacoast Road, Limavady, BT39 9DW
Tel No: 028 7776 1300
Inspectors: Lyn Buckley and Joanne Faulkner

www.rgia.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

Organisation/Registered Provider: Cornfield Care Centre Responsible Individual(s): Marcus Jervis Nutt Mr Ewen Harper (Acting Responsible Person)	Registered Manager: Mrs Patricia Deighan
Person in charge at the time of inspection: Mrs Patricia Deighan	Date manager registered: 10 January 2017
Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 76 comprising: 51 - NH-I, NH-PH, NH-PH(E) 25 - NH-DE

4.0 Inspection summary

An unannounced inspection took place on 27 July 2017 from 10:50 to 17:00 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 DHSSPS Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to staff training and the staffs' knowledge of their patients wishes, the home's environment, governance arrangements, patient assessment and care planning, governance arrangements and communication between patients, staff and other key stakeholders.

Areas requiring improvement were identified in relation to, the management of potential risks to patients and fire safety practices; and the management of patient details/information and unnamed laundered net pants in regards to dignity and privacy.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Ewen Harper, Acting Responsible Person, Mrs Patricia Deighan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 15 March 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 15 March 2017. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspectors met with 10 patients, 10 staff and two patients' visitors/representatives. Questionnaires were also provided to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 17 July to 30 July 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register

- complaints record compliments received
- RQIA registration certificate
- reports of monthly quality monitoring visits undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 March 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspectors during this inspection. Refer to the next section for details.

6.2 Review of areas for improvement from the last care inspection dated 15 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: First time	The registered provider should ensure that registered nursing staff record a meaningful evaluation of the effectiveness of the delivery of care for patients in line with professional guidance and best practice.	Met
	Action taken as confirmed during the inspection: Review of a selection of care records and discussion with the registered manager evidenced that this area for improvement had been met.	

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 confirmed that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 17 to 30 July 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily.

Staff spoken with in two of the three suites/units, within the home, were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff in the Goldfinch Suite did raise concerns with the inspectors regarding staffing levels particularly in the morning and at mealtimes. Details were discussed with the management team during feedback. Patients and relatives spoken with during the inspection did not raise any concerns regarding staffing levels or the care delivered. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff, while busy, attended to patients needs in a timely and caring manner.

We also sought patients', relatives' and staff opinion on staffing via questionnaires. Five patient questionnaires were returned; all five indicated that there was 'sufficient staff' to meet their needs. Six relatives questionnaires were returned; only one relative indicated that they were not satisfied with staffing levels and recorded, "Like everywhere staff are very busy so don't always have the time to spend a long time with my relative." Six staff questionnaires were returned and only one staff member indicated that they were not satisfied with staffing levels.

RQIA were assured from the review of records, observations of the care delivered and discussion with management and staff; that staffing levels were kept under review, and adjusted as necessary, to ensure the assessed needs of the patients were met.

A review of records confirmed that a process was in place to enable the regular monitoring of the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Records confirmed that; staff received regular mandatory training such as fire safety and moving and handling, and that additional training was also made available to enable staff to fulfil their role and function in the home. Records reviewed were maintained in accordance with the DHSSPS Care Standards for Nursing Homes.

Observation of the delivery of care evidenced that training, such as moving and handling, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessments were reviewed regularly and informed the care planning process.

We reviewed the system and processes regarding the management and governance of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, dining rooms and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts.

Overall, infection prevention and control measures were adhered to and personal protective equipment (PPE) such as gloves and aprons were available throughout the home.

Observations evidenced that the registered persons should review potential and avoidable risks to patients as follows:

- Boiler rooms were unlocked in Nightingale and Kingfisher Suites to enable staff to access PPE. Management agreed to review this practice given the assessed needs of the patients in the home and the potential risk associated with the hot surfaces of the boiler or becoming trapped in the room.
- Sluice room in the Goldfinch Suite was observed to be unlocked on two occasions.
- Portable electric radiators were observed in two patients' bedrooms. Management agreed to assess the potential risks associated with using portable heaters and to keep these under review in line with hot surfaces and fire safety guidance.

An area for improvement was made under the regulations.

In Nightingale Suite it was observed that staff had blocked a fire exit route with a wheelchair and a hoist. This was brought to the attention of the nurse in charge of the unit who moved the equipment to an adjacent area designated for equipment. Fire exit routes and corridors, in all other areas of the home were observed to be kept free from obstruction and fire doors were appropriately maintained. However, an area for improvement, under the regulations, was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of adult safeguarding, safe moving and handling practices, infection prevention practices and the standard of hygiene and cleanliness of the home's environment.

Areas for improvement

Areas for improvement were identified in relation to the management of potential risks to patients and fire safety practices.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Review of patient care records evidenced that nursing assessments and care plans accurately reflected the assessed needs of patients and were kept under regular review. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patients' change. Staff also demonstrated awareness of the need to review and update care plans when recommendations were made or changed by other healthcare professionals such as, the district nurse, the speech and language therapist (SALT) or the tissue viability nurse (TVN).

We reviewed the management of pressure area care and nutrition for three patients. Care records indicated that, where appropriate, referrals had been made to healthcare professionals such as TVN, SALT, dieticians, care managers and General Practitioners (GPs). Nursing assessments and care plans had been reviewed on at least a monthly basis and were reflective of recommendations made by healthcare professionals. Care records also contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record to evidence the delivery of care. For example, repositioning and food intake charts evidenced that the required care was being delivered, as planned.

There was evidence of regular communication with patients and/or their relatives within the care records. Relatives spoken with confirmed they were kept informed of any changes in the needs of their relative. Six relatives also indicated in the returned questionnaires that they were 'kept up to date about the care and treatment' of their relative and 'involved in the planning of their relatives care.'

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. Six staff indicated on the returned questionnaires that they 'received an effective handover report' at the start of their shift.

Staff spoken with stated that there was effective teamwork and that each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their immediate line manager. Two staff did raise concerns with the inspectors regarding staffing, discussed in section 6.4; access to the main kitchen stores and the lack of staff meetings. We discussed these areas of concern with other staff, patients and relatives; and the registered manager. We also observed the delivery of care throughout the home and were assured that patients' needs were met and that systems and process were in place to ensure and monitor effective communication with patients, relatives, staff and other healthcare professionals. In addition six staff in the returned questionnaires indicated that the manager was approachable and promptly addressed concerns raised with them and that regular staff meetings were held.

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

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, effective communication between patients, staff and other key stakeholders such as TVNs, dieticians, or GPs and the delivery of care reviewed during this inspection.

There was a wide range of information available to staff, patients, relatives, for example; how to access dementia and advocacy services, and information about medical conditions and nutrition. The range and scope of the information was commended by the inspectors.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery, record keeping, communication between patients, staff, relative and other healthcare professionals and the range and scope of information made available.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

We arrived in the home at 10:50 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea/coffee and snack in the sitting areas/lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending of which they preferred and staff were observed assisting patients to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. However, inspectors observed in one dining room that patients' nutritional needs were displayed on the wall and anyone entering the home could view a list of patients' names and their bedroom numbers at the reception desk. During feedback the registered persons agreed to review these concerns in relation to patients' rights to privacy and dignity and from an adult safeguarding perspective. An area for improvement was made under the standards.

Observation of two linen stores evidenced that laundered net pants, used to support patients incontinence aids, were unnamed. Staff confirmed that these would be used communally. This was brought to the attention of the registered manager who removed the laundered, unnamed net pants and agreed to ensure net pants were named for individual patients' use. An area for improvement was identified under the standards.

Patients able to communicate their feelings indicated that they enjoyed living in Cornfield Nursing Home.

Comments made to the inspectors included:

"It is very good here, staff are very good."

"I like it here."

"Very good here, food good and enjoyable, great home."

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.

Eight patient questionnaires were issued; five were returned within the timescale for inclusion in this report. Patients recorded that they were either very satisfied or satisfied with the care provided across four domains inspected. One respondent recorded, "Life is good. I am happy and content; the care is excellent and the staff are lovely." Another patient recorded in relation to staff, "Some are very approachable, some are always in a rush."

We were able to speak with two relatives. Both commented very positively regarding the care their loved ones received and staff attitude.

Ten questionnaires for relatives were issued; six were returned within the timescale for inclusion in this report. Relatives indicated that they were very satisfied or satisfied with the care provided across the four domains. Comments made regarding staffing are detailed in section 6.4.

Additional comments were recorded as follows:

"I have seen very kind and respectful care."

"I know who the manager is...I have spoken to the finance manager who is always very helpful."

We also reviewed the content of cards, letters and emails written by relatives, in June and July 2017, regarding the care of their loved ones.

Comments recorded included:

"Our...received a very nice birthday card signed by the staff... We wish to thank them for such kind recognition."

"...to thank staff in Nightingale. The staff were kind enough to provide tea and coffee and birthday cake for our family and friends who visited our...We would also like to thank the kitchen staff who baked the cake."

In relation to their parent... "I know... was very happy here. It was a relief to me to know that ...was being looked after so well."

We spoke with 10 staff during the inspection. Staff were asked questions regarding the provision of care and services for patients across all of the domains inspected. Staff believed they delivered safe, effective and compassionate care and that the home was generally well led. Staff concerns, raised with inspectors, were discussed with the registered manager during feedback as detailed in the preceding sections.

Ten questionnaires were issued to staff and six were returned within the timescale for inclusion in this report. Staff members responded that they were very satisfied or satisfied that care was safe, effective and compassionate and that the home was well led. Only one staff member recorded their concerns regarding staffing and details were discussed with the registered manager by telephone prior to issuing this report. As stated previously, concerns regarding staffing were reviewed during this inspection as detailed in section 6.4.

Any comments from patient, relatives and staff in returned questionnaires received after the return date will be shared with the registered person for their information and action as required.

Observation of the serving of the lunch time meal and discussion with patients evidenced that experience was a pleasure for them. Staff were observed to be discreet in offering assistance and when assistance was required this was appropriate and sensitively delivered. Review of records evidenced that staff were adhering to the SALT definitions of food textures and consistency of fluids.

Observation of notice boards and discussion with staff and patients evidenced that a weekly programme of activities was provided. Activities included a weekly bus trip, commenced in May 2017, musical entertainment and church services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the provision of activities, the management of the meal times experience and the knowledge staff had of their patients' wishes and preferences.

Areas for improvement

The following areas were identified for improvement in relation to patients' rights to privacy, dignity and confidentiality regarding the displaying of patient details/information and the management and use of unnamed laundered net pants.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. Staff were able to identify the person in charge of the home in the absence of the registered manager.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns supported effective communication and engagement.

Review of the governance arrangements regarding complaints, accidents/incidents, notification of events to RQIA, staff training, registration of staff with NMC and NISCC evidenced that the processes were robust and effective. Additional systems were in place to monitor the management of wounds, patients' weights and compliance with infection prevention and control practices.

We reviewed the reports from the unannounced visit undertaken by the operations manager, on behalf of the registered provider. These visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. It was good to evidence that learning from RQIA's inspections to the 'sister' nursing home had been implemented in this home. This was commended to the management team as good practice.

Discussions with staff confirmed that there were good working relationships and they were enthusiastic about the home and that they believed they were "making a difference."

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff were confident of raising patients' care concerns and needs with the nurse in charge of the shift. In discussion patients and relatives spoken with were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team working, day to day management arrangements, governance systems and processes and the monitoring of the delivery of care to meet the assessed needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Ewen Harper, Acting Responsible Person, Mrs Patricia Deighan, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety; and that unnecessary risks are identified and so far as possible eliminated.</p> <p>Records should be maintained to confirm identified risks have been reviewed and managed appropriately.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Key pad locking in use on sluice doors.</p> <p>There is no boiler room internally in Cornfield Care Centre. The boiler room is situated outside in the external courtyard. There are rooms in the Kingfisher unit and the Goldfinch unit that have a hot water tank with insulated pipes. The doors are locked.</p> <p>Patients bedrooms that have a portable heater appliance, is by the patient's request. There is a risk assessment in place.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that all fire exit routes are maintained clear of equipment/obstruction and that staff are aware of their responsibilities.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As stated to the inspectors on the day of the inspection action was taken immediately, hoist and wheelchair were removed from the fire exit.</p> <p>Notice in place to remind staff to keep area free from obstruction. Staff are aware that fire exits should not be obstructed and this is reiterated during Fire Awareness training six monthly.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that patient details are maintained securely and confidentially. For example, patient information regarding dietary needs should not be displayed on the dining room walls.</p> <p>As discussed, the practice of displaying patients names and their bedroom number at the reception desk, which is accessible to anyone entering the home, should be reviewed in accordance with patients' rights to confidentiality and privacy; and to any potential safeguarding risk to members of the general public having access to patients names and whereabouts in the home.</p> <p>Any action taken following this review should be recorded in this QIP when it is returned to RQIA.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken: Patients details were removed from the notice board in the dining room. Following the inspection the list of patients' names and room numbers were removed from the front hall.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that net pants are named for individual use and not used communally.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken: As stated on the day of inspection net pants are not used communally. Named laundry bags are provided to ensure net pants are washed separately.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews