

Unannounced Care Inspection Report

11 March 2020



Cornfield Care Centre

Type of Service: Nursing Home

**Address: Green Lane and Castle Lane Suites, 51A Seacoast Road,
Limavady, BT49 9DW**

Tel no: 028 7776 1300

Inspector: Heather Sleator

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides nursing care for up to 52 persons. It is divided between two 26 bedded units, the Green Lane unit for individuals aged over 65 years, and the Castle Lane unit for those living with dementia.

3.0 Service details

<p>Organisation/Registered Provider: Cornfield Care Centre</p> <p>Responsible Individual: Mr Marcus Jervis Nutt</p>	<p>Registered Manager and date registered: Claire Gormley 13 January 2017</p>
<p>Person in charge at the time of inspection: Claire Gormley</p>	<p>Number of registered places: 52</p> <p>A maximum of 26 patients in categories NH-I, NH-PH and NH-PH(E) accommodated within the general nursing unit and a maximum of 26 patients in category NH-DE accommodated within the dementia unit. The home is also approved to provide care on a day basis to 2 persons.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 52</p>

4.0 Inspection summary

An unannounced inspection took place on 11 March 2020 from 10.00 to 15.50.

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 all areas for improvement identified in the home since the last care inspection and sought 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 the culture and ethos of the home, listening to and valuing patients, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall, there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

There were no areas for improvement identified during the inspection.

Patients described living in the home as being a good experience and in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Claire Gormley, manager, and Heather Moore, Operations Director, 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 13 and 21 June 2019

No further actions were required to be taken following the most recent inspection on 13 and 21 June 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and pharmacy, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 11 March 2020
- four patients' care records
- supplementary care records including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- reports of the monthly quality monitoring reports for January 2020 and February 2020
- complaints record
- accident and incident records
- compliments received
- RQIA registration certificate
- selected policy documentation

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 previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing arrangements and care practice

A system was in place to identify staffing levels to meet the patients' needs. A review of the staff rotas for the period 1 to 11 March 2020 confirmed that the staffing numbers identified by the manager were consistently provided. Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the patients. One staff member commented, "Staffing levels are good here." We spoke with the relative of one patient who said: "They're (staff) excellent here, so accommodating and helpful."

Staff confirmed that they received a report when commencing duty and had a clear plan for the day's activity. Staff also confirmed that they were supported by management through the process of regular individual supervision and an annual staff appraisal. We reviewed the minutes of staff meetings and this confirmed that there was a planned approach to the frequency of staff meetings. Staff confirmed that the communication systems in the home were good.

We discussed the arrangements for the nominated person in charge of the home in the absence of the manager. The manager stated that a registered nurse on duty was the person

in charge in her absence and this person was identified on the duty rota. A review of the duty rota and the completed competency assessments confirmed a robust system was in place.

In discussion with the manager and staff it was confirmed that arrangements were in place for the completion of the Mental Capacity Act/Deprivation of Liberty Standards training for staff. All staff are completing level two training and senior registered nurses, as nominated by management, will be completing the additional levels.

We were advised that the use of potential restrictive practices was very limited, for example, the use of bedrails or alarm/pressure mats when and where there is assessed need. We reviewed a patient's care records regarding the use of bedrails. Evidence of a risk assessment was present and a corresponding care plan regarding the use of bedrails which monitored the continued safe use of this type of equipment. Evidence was present of consultation with the patient's representative in respect of the need for bedrails. Care records also confirmed that staff had diligently assessed, planned and consulted with other professionals, where applicable, regarding the management of weight loss and wound care management. However, the review of one patient's care record did not evidence the rationale for the use of a lap belt, when mobilising with a wheelchair. This was brought to the attention of the manager, who confirmed, by email the following day, that the care plan now accurately reflected the assessed needs of the patient and guidance regarding the use of the lap belt.

The care records reviewed for persons living with dementia evidenced that staff have implemented a person centred approach to care planning. Castle Lane (dementia suite) was well appointed and the atmosphere within the unit was conducive to the needs of persons living with dementia.

6.2.2 Environment

The home had a high standard of décor and furnishings. There was good provision of spacious communal areas for residents to relax, enjoy the company of one another or to watch television. The seating was comfortable and positioned in such a manner to facilitate sociability, rest and comfort. Residents' bedrooms were attractively furnished and personalised. Bathrooms and toilets were clean and hygienic.

The grounds of the home were very well maintained and had good accessibility for residents to avail of.

The home was clean and fresh smelling. The manager confirmed that the cleaning routines in the home were monitored and schedules put in place to ensure that all areas of the home are regularly attended to. Information was present advising visitors to the home of the need to be attentive to good hand hygiene principles and hand sanitisers were readily accessible in the home.

We saw that fire safety measures were in place to ensure residents, staff and visitors to the home were safe. No issues were observed with fire safety. The access to fire escapes was clear.

6.2.3 Patients' and relatives views.

We arrived in the home at 09:50 and were met immediately by staff who offered assistance. Patients were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that patients were relating positively to staff and to each other. In discussion with a patient the patient stated that they preferred to stay in their bedroom for meals. The review of the patient's care records evidenced that staff had acknowledged this preference and care records also evidenced that the patient's wishes had been sensitively described and planned for.

Activities are planned by staff however this may change on a daily basis depending on what patients' state they would prefer. Activities are a mixture of small group activities and one to one activity. There was a wide range of activities available for patients including crafts, board games, quizzes and musical entertainers coming into the home. We spoke with one of the activities co-ordinators who was very enthusiastic about their role and demonstrated a very good understanding of the individuality of each patient, particularly persons living with dementia. The activities co-ordinator discussed how patients really enjoyed the trips out in the mini bus to local areas and how meaningful this was for the patients. The activities staff maintained comprehensive records regarding any activity in the home. There were numerous opportunities in the home, on a regular/weekly to facilitate the spiritual needs of the patients.

A quality satisfaction survey with patients and/or their representatives is undertaken on an annual basis, usually January, and the information returned to the operations director. We viewed the questionnaires that had been returned to date. The responses and comments written were very complimentary and included:

- "We are so very grateful for all the excellent care....our loved one has been cared for with great dignity and respect....if any needs do arise they are always dealt with right away.....we find that every provision is thought of and the staff couldn't be more helpful....we have great confidence in Cornfield." (Patient's representative, January 2020)
- "Overall, it would be impossible to beat this wonderful friendly home in any way." (Patient, January 2020).

We met with patients who were very positive regarding the care afforded by staff and commented:

- "They're (staff) very good to me."
- "There are different things on the menu for you to eat."
- "Couldn't say a bad thing about them, they're all very good."
- "If you buzz, they're (staff) here right away."
- "Good entertainment here."
- "It's very good and it (home) has a good name."
- "Very good staff and we get on well."

We spoke to a relative of a patient who commented:

- "The whole environment is very good; XXX room is in a great location and they're not isolated."
- "They're (staff) excellent here, so accommodating and helpful."

No issues were raised by staff. Staff felt the staffing arrangements were satisfactory and that there was good teamwork in the home. Comments included:

- “It you don’t do the training you don’t work on the floor and that’s the way it should be.”
- “No problems with staffing, always the chance of an off day but that happens everywhere, we just help each other out.”
- “Great home, Heather and Claire run a tight ship.”

There were no questionnaires completed and returned to RQIA from patients, patients’ representatives or staff at the time of issuing the report.

6.2.3 Serving of lunch

We observed the serving of lunch in Castle Lane. Patients were assisted to the table in timely manner before the serving of lunch. The menu was displayed in a pictorial format for patients’ information. Staff were present throughout the meal to provide assistance and reassurance as required. Assistance given by staff was sensitive, not time limited and responsive. Staff told us that as they plate the meals they can adjust meals and portion sizes in response to patients’ preferences and individual need.

The dining room was bright and spacious. Dining tables were attractively set with individual place settings, serviettes and a range of condiments. Patients were offered a choice of fluids with their meal. Care staff recorded patients’ nutritional and fluid intake electronically and information was present in the dining room to assist staff with accurate recording, for example: the fluid content of a range of cups, glasses and crockery. A registered nurse was present in the dining room throughout the meal service.

6.2.4 Management and governance arrangements

The manager, Claire Gormley, had worked in the home for a number of years prior to being appointed as manager and was registered, as manager, with RQIA in 2017. The manager, supported by the operations director, facilitated the inspection and demonstrated a good understanding of the relevant regulations, care standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection’s findings, including minutes of staff meetings, monitoring reports, audit records, patients’ care records and staffing information. Feedback and discussion took place at the conclusion of the inspection with the manager and the operations director and areas of good practice were identified.

The operations director has implemented a range of monthly audits to assist her with reviewing the quality of services delivered. Any action required to achieve any improvements are shared with the relevant staff and rechecked by the operations manager who confirmed that the required remedial action has been completed. Areas audited included for example: the environment, accidents, incidents, complaints and care records.

A monthly quality monitoring visit was undertaken in accordance with Regulation 29. The reports of January 2020 and February 2020 were reviewed. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to patients and the delivery of care which took into account personal choice for patients. Patients were enthusiastic and well informed of the planned activities. Staff were knowledgeable of the needs of the patients and worked well as a team to deliver the care patients' required. The environment was homely and comfortable.

Effective systems were in place to provide the operations manager and manager with oversight of the services delivered.

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

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



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