

Inspection Report

11 November 2021



Cornfield Care Centre

Type of service: Nursing
Address: Green Lane and Castle Lane Suites,
51a Seacoast Road, Limavady, BT49 9DW
Telephone number: 028 7776 1300

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Cornfield Care Centre</p> <p>Responsible Individual: Mr Marcus Jarvis Nutt</p>	<p>Registered Manager: Mrs Claire Gormley</p> <p>Date registered: 13 January 2017</p>
<p>Person in charge at the time of inspection: Mrs 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 impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 51</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 52 patients. The home is divided into two units over one floor. One unit, Castle Lane, provides care for patients living with dementia and the other unit, Green Lane, provides general nursing care.</p> <p>The home also shares the same site with another registered nursing home, under the same senior management.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 November 2021, from 9.40am to 3pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

It was evident that staff promoted the dignity and well-being of patients.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Cornfield Care Centre was safe, effective, compassionate and that the home was well led. No areas of improvement were identified during this inspection.

The findings of this report will provide the manager/management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients stated that they were happy and content with their life in the home and that staff were supportive and caring. Those patients who were unable to articulate their needs were observed to be well presented and comfortable in their environment.

Staff spoke positively about the care provided in Cornfield Care Centre describing the care as very good and that there was a supportive management team and good team working.

Two visiting relatives were also keen to express praise and gratitude for the standard of care provided for and the kindness and support received from staff.

Feedback from patient questionnaires left with the manager for distribution at the time of this inspection were all positive and complimentary about their views about the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 January 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that patient centred care plans are in place for each patient's assessed need, including responding to behaviours and the use a potential restrictive practice	Met
	Action taken as confirmed during the inspection: A review of care records confirmed these areas of assessed needs were duly care planned.	

Area for improvement 2 Ref: Standard 4.8 Stated: First time	The registered person shall ensure that staff complete training in respect of: <ul style="list-style-type: none"> • the use of a potentially restrictive practice • responding to behaviours • the optimal and safe ways of assisting patients with their meals and their individual assessed needs. 	Met
	Action taken as confirmed during the inspection: A review of staff training records confirmed that staff training in relation to these areas of care had been provided for.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of a staff member's recruitment records confirmed this was in accordance with legislation and standards.

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties. Staff also said that if they had any training needs themselves these would be acted upon positively by management.

Review of records provided assurances that all relevant staff were registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period. Staff told us that they knew who was in charge of the home at any given time. Any member of staff who have responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place to account for this responsibility. These assessments were found to be maintained appropriately.

The manager confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff available in the home to respond to the needs of patients.

Patients told us that they were satisfied with the delivery of care and the kindness and support received from staff. Some comments made, included the following statements; “There won’t be anything found wrong here. It is a very well run place” and “I can’t praise the staff enough. There is always a good atmosphere here.”

Staff told us that the workload was busy but manageable and that there was good teamwork amongst the staff and that the manager was very supportive.

Staff were seen to attend to patients’ needs in a timely manner and to maintain patients’ dignity by offering personal care discreetly. Patients were offered choices throughout the day, for example, from where and how they wished to spend their time and what activity they wished to engage in.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of patients’ needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising patients’ needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. We observed staff supporting patients when they were upset or redirecting patients when they were unsure as to what was happening around them.

Staff met at the beginning of each shift to discuss any changes to the needs of the patients. It was observed that staff respected patient privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. Where patients were at risk of falls; measures were put in place to reduce this risk such as alarm mats and crash mats.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Patients told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. One patient made the following comment, “There is always plenty to eat and a good choice of what you like.”

Staff told us how they were made aware of patients’ nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records were accurately maintained to help ensure that staff had an accurate understanding of patients’ nutritional needs. There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain.

Patients’ needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the patient, their next of kin and their aligned named worker to direct staff on how to meet these needs. Added to this, any advice or directions by other healthcare professionals was included in the assessment and care plans.

Patients' care records were held safely and confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients looked well cared for in that they were well dressed with attention to detail in regards to personal appearance.

Staff reported that the care provided to the patients was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Patients' bedrooms were comfortable, suitably furnished and nicely personalised. Communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

The home's most recent fire safety risk assessment was dated 22 June 2021. There was corresponding evidence recorded of the actions taken in response to the three recommendations made from this assessment. Fire safety training and fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for patients and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by patients or staff were cleaned daily.

5.2.4 Quality of Life for Patients

The atmosphere in the home was homely and relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

Patients said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

A programme of activities was in place which mostly involved one to one time with patients or in small groups.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Discussions with two visiting relatives at the time of this inspection found that they were keen to express their praise and gratitude for the care provided for in the home.

The genre of music and choice of television programmes played in the home was appropriate to patients' preferences and this helped create the nice atmosphere in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management arrangements since the previous inspection, with Mrs Claire Gormley being the registered manager of the home since 23 June 2020.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

The home was visited each month by a representative of the responsible individual to examine all areas of the running of the home. The reports of these visits were very well maintained and completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

6.0 Conclusion

Patients looked well cared for and spoke positively about life in the home. Staff were seen to treat patients with kindness and respect and to offer them choices about their care needs and how they would like to spend their day.

The home was clean and tidy. The environment was pleasant and welcoming for patients, staff and visitors. Staff responded to the needs of the patients and provided support in a timely way.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Claire Gormley, manager.



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