



# Unannounced Care Inspection Report 19 August 2018



## 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: James Laverty**

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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 52 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cornfield Care Centre  <b>Responsible Individual:</b> Mr Marcus Jervis Nutt	<b>Registered Manager:</b> Claire Gormley
<b>Person in charge of the home at the time of inspection:</b> Upon arrival, Heather Moore, operations director. 09.50 hours onwards, Claire Gormley	<b>Date manager registered:</b> 13 January 2017
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 52

### 4.0 Inspection summary

An unannounced inspection took place on 19 August 2018 from 09.40 to 17.10 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last 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 management, staff training, adult safeguarding and monitoring the professional registration of staff. Other areas of good practice were also identified in regards to: communication between staff, engagement with patients/relatives, care delivery to patients, monthly monitoring visits and governance processes focusing on quality assurance and service delivery.

No areas for improvement were identified during this inspection.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Claire Gormley, registered manager, and Heather Moore, operations manager, 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 31 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 May 2018. 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
- the registration status of the home
- 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
- pre-inspection audit

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with seven patients, four patient's relatives and six staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined/discussed during and/or following the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- incident and accident records
- one staff recruitment and induction file
- four patients' care records
- one patient's supplementary repositioning care records
- the matrix for staff supervision and appraisal
- a selection of governance audits including those relating to falls management, wound care, medication management, infection control and restrictive practices
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager and operations director at the conclusion of the inspection.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 5 December 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 25 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered provider must ensure that suitable arrangements are in place to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.	<b>Met</b>

<b>To be completed by:</b> Immediate action required.	<b>Action taken as confirmed during the inspection:</b> Observation of the internal environment confirmed that the environmental deficits identified during the previous care inspection had been satisfactorily addressed.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 35.6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required.	The registered provider should ensure that the registered manager is aware of the new regional adult safeguarding policy and procedures and understands her role within it.  <b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of training records confirmed that she had undertaken Keeping Adults Safe training on 15 January 2018 and further in-house training relating to safeguarding on 22 January 2018. In addition, the registered manager also completed safeguarding champion training on 8 February 2018.	<b>Met</b>

### 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 that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 15 to 29 August 2018 there were no occasions when planned staffing levels were not fully adhered to. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both bi-annual supervision and annual appraisal. Staff who were spoken with confirmed that they felt well supported by the registered manager and operations manager. One staff member stated "Clare [the registered manager] is the most approachable person ... she rolls up her sleeves." Another member of staff also commented "Clare [the registered manager] is a very good manager..."



Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. When asked about the usefulness of training which had been provided in relation to the management of challenging behaviours, one staff member stated that it was “very very good.”

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an ‘adult safeguarding champion’ (ASC) was identified for the home. Discussion with both the registered manager and nursing/care staff provided assurances that they possessed a good understanding in relation to managing potential safeguarding incidents.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients’ bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients’ bedrooms, were personalised with photographs, pictures and personal items. The registered manager advised the inspector at the commencement of the inspection that there were some areas of carpeting which had already been noted to be frayed. The registered manager stated that remedial work to address this had been scheduled for 3 September 2018. It was also brought to the inspector’s attention that two self-closing doors within the home had been faulty for approximately two days and that an engineer was scheduled to attend the home to affect required repairs as soon as possible. Patients and relatives who were spoken with expressed a high degree of satisfaction with the cleanliness of the internal environment along with the surrounding grounds. No concerns in relation to the cleanliness of the home were noted.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: three areas in which unlaminated signage was observed and one pressure relieving cushion which was found to be torn. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. The registered manager was made aware of these shortfalls and appropriate action was taken before conclusion of the inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection also evidenced that they adhered to safe fire practices and that fire training was consistently embedded into practice. However, it was noted that effective access to a fire extinguisher in one communal lounge was restricted due to the position of some chairs. This was discussed with the registered manager who agreed to move the seating to a more appropriate area.

Review of the environment also highlighted one communal lounge in which there was no nurse call lead attached to the home’s nurse call system. While the registered manager stressed that the lounge was used very infrequently by patients, the need to ensure that all such communal areas facilitate ease of access to the nurse call system as far as possible and at all times, was emphasised. The registered manager confirmed that a nurse call lead was in place before the conclusion of the inspection. Observation of the smoking room also highlighted that there were no available seats and that the external window had no form of window restrictor in place. The registered manager stated that no patients within the home currently make use of the smoking room and agreed to ensure that seating would be provided, if required. The registered manager was also advised to ensure that an appropriate risk assessment in regards to lack of a window restrictor be completed. This information was shared with the RQIA estates team following the inspection for their information, and further action as required.

Observation of the environment further identified one area in which staff medicines had not been stored securely. These medicines were noted within an area where staff lockers were used and where some had been left open, unlocked and unattended. While the doorway providing access to this area had a chain for staff to use, the door had been left unlocked. This was highlighted to the registered manager and the need to ensure that all medicines are stored securely at all times was emphasised. The registered manager confirmed that a keypad lock had been installed to the doorway before the inspection concluded.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff management, staff training, adult safeguarding and monitoring the professional registration of staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients’ conditions and that they were encouraged to contribute to the handover meeting.



Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. One staff member told the inspector “Communication is very good ... families are very involved.”

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Care records also evidenced that a range of validated risk assessments were used and informed the care planning process. The care records for one patient who was assessed as being at a high risk of developing pressure sores evidenced the provision of person centred and comprehensive care plans which had been written and reviewed in a timely manner. Supplementary repositioning records were also completed comprehensively and contemporaneously.

Wound care provision was also examined. The care records for one patient who required ongoing wound care evidenced that nursing staff had carried out wound care in compliance with the patient’s assessed wound care needs. It was noted however that while nursing staff were regularly attending to the patient’s wound, the care plan did not accurately describe the frequency with which the wound should be redressed. This was highlighted to the registered manager and the need to ensure that wound care plans are carefully reviewed and updated as necessary, was agreed.

Review of two patients’ care records also confirmed that the management of those patients who were assessed as being at risk of falling, or required a modified diet, had been completed in an accurate, detailed and consistent manner.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between staff, engagement with patients/relatives and care delivery to patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Staff interactions with patients were observed to be timely, compassionate and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner. One

staff member described the home as being "... one of the better homes I've ever worked in ... there's a lot of personalised care."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, 15 completed questionnaires were returned within expected timescales. Of these, seven were from patients, five were from patients' relatives and three did not disclose the source. All respondents stated that they were either satisfied or very satisfied with the delivery of safe, effective and compassionate care within the home. Some questionnaire comments included:

Patients' comments:

"You're well looked after. The food's good – too much."

"This is only second best to my own home."

Patients' relative's comments:

"... very satisfied with ... care. Staff are very kind and keep family informed with all ... care needs. 10/10 for Cornfield nursing 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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining areas on both the ground and first floors appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. Staff communication with patients throughout the serving of lunch was also observed to be timely, respectful and compassionate.

Observation of internal signage relating to planned activities for patients highlighted one large whiteboard which was used by activity staff. However, the board was unused apart from featuring one A4 laminated activities programme. It was also noted that while this August 2018 activity programme featured eight hairdressing sessions, there appeared to be a lack of scheduled activities which would ensure that diverse preferences/interests are catered for. This was discussed with the registered manager and activity staff who provided assurance that activity signage was regularly reviewed and updated and that a broad range of activities were provided. Activity staff also showed the inspector a planned display which was to be erected featuring old photographs which would form part of reminiscence therapy with patients.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to an ethos which promotes the dignity of patients and the provision of compassionate care.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 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.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls management, wound care, medication management, care records and restrictive practices. All audits which were sampled had been completed in an effective and robust manner and the registered manager confirmed that their findings helped to inform ongoing quality improvement within the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff selection and recruitment, monthly monitoring visits and governance processes relating to quality assurance and service delivery.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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