

Inspection Report

19 October 2023



Cornfield Care Centre

Type of Service: Nursing Home

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

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1.0 Service information

<p>Registered Provider: Cornfield Care Centre</p> <p>Registered Person: Mr Marcus Jervis 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>Comprising 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 two persons.</p>
<p>Categories of care: Nursing (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: Cornfield Care Centre is a registered nursing home, which provides nursing care for up to 52 patients. The home is divided in two units over one ground floor level. Castle Lane provides care for patients living with dementia and Green Lane provides care under the general category of nursing care.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 October 2023, from 9:35 am to 5:20 pm by two care inspectors.

The inspection assessed progress with the 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.

Patients said they felt well cared for and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the 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 patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. 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.

Questionnaires 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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are all very nice", "I like it here", "I have everything I need here", "Happy here" and "I feel safe here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "The manager is brilliant", "I love working here", "A great team" and "Everyone works well together". There was no response from the staff on-line survey.

Two relatives spoken with during the inspection commented very positively about the overall care delivery within the home. Comments included: "The care is very good here", "Good communication between management and staff", "The staff are all very friendly" and "Happy enough with the care". One questionnaire was received from a relative following the inspection. The respondent was very satisfied with the overall provision of care.

Following the inspection, feedback was received from one patient's relative who expressed dissatisfaction with the overall care being provided. Specific concerns were shared in detail with the management of the home to review and action as necessary.

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 28 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that a regular system of date checking is in place to ensure that medicines are not administered after their expiry date.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Review of training records evidenced that some staff had not completed/updated moving and handling training. This was discussed with the management team and following the inspection written confirmation was received confirming that relevant action had been taken to address this.

Monthly checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC). However, the registration status of two care assistants had lapsed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Staff said they felt supported in their roles and that there was good teamwork with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Review of a sample of staff competency and capability assessments for the nurse in charge in the absence of the manager found these to be completed.

A record of staff supervision and appraisals was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' 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.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to repositioning evidenced a number of gaps in the recommended frequency of repositioning. It was further identified that the position the patient was changed to, and the staff who had completed the repositioning, was not consistently recorded within the charts. This was identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Whilst most patients were comfortably seated to enjoy their meal, some patients were observed seated at tables that were too high. This was discussed with management and appropriate action was taken to address this.

Patients who choose to have their lunch in their bedroom had trays delivered to them. Desserts were delivered to patients alongside their main meal and whilst the main meal was covered the desserts were uncovered. Details were discussed with the management team who addressed this with relevant staff during the inspection and agreed to monitor going forward.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients told us they very much enjoyed the food provided in the home.

Staff members were seen to be supportive and attentive to patients whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the speech and language therapist (SALT).

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

There was evidence that care records were regularly reviewed and updated. However, a number of care plans did not include the day of the week that certain aspects of treatment should be delivered, whilst others contained inaccurate information. For example; skin care dressing and catheter leg bag renewal for one patient did not include the day of the week for renewal and the day recorded for application of a prescribed analgesic patch for two other patients was inaccurate. These along with any other findings were discussed in detail with the manager who had the relevant care records amended prior to the completion of the inspection.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and tastefully decorated. Patient's bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were well maintained with areas for patients to sit.

The underneath of several armchair cushions and the surface of a number of mattresses required more thorough cleaning. This was identified as an area for improvement.

The communal dining room in the dementia unit was locked outside of meal times preventing patients from accessing this part of their home. The manager advised that this was for patient safety because the room was unsupervised outside of meal times. This had been not identified or recorded as a restricted practice. An area for improvement was identified.

Review of the most recent fire risk assessment completed on 22 May 2023 evidenced that any actions required had been signed off by the manager as having been completed. There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was in place to ensure that all staff attend at least one fire evacuation drill yearly.

There was evidence one fire door was sometimes wedged open. This was brought to the attention of the manager who took immediate action to address this to ensure that relevant fire safety measures were being adhered to.

The administration of medication for one patient was discussed in detail with the management team. Written assurances were provided following the inspection and shared with the RQIA pharmacy inspector.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

The majority of staff were compliant with Infection Prevention and Control (IPC) best practice. Three staff were wearing nail polish which inhibits effective hand hygiene. Management completed supervisions with the staff during the inspection, and said they would continue to monitor to ensure sustained compliance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

During the inspection a number of patients were observed enjoying the live music provided within the home in the afternoon, whilst others went on a bus outing around the local area accompanied by staff. Other patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as: "The food is very good here", "Good food and plenty of choices" and "It's (food) very nice."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained.

There was a system in place to manage complaints and to record any compliments received about the home. However, review of the complaints book evidenced that there had been no complaints recorded since 2019, despite the manager confirming that a number of complaints had been received. This was identified as an area for improvement.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. However, audits specific to IPC where deficits in hand hygiene had been identified were not included within the action plan. Details were discussed with the manager and an area for improvement was identified.

The home was visited each month by a representative of the responsible person to consult with patients, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005** and the **Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
Total number of Areas for Improvement	1*	5

* The total number of areas for improvement includes one regulation that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Claire Gormley, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing (28 February 2023)	The registered person shall ensure that a regular system of date checking is in place to ensure that medicines are not administered after their expiry date. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 2 November 2023	The registered person shall ensure that where a patient requires repositioning, charts reflect the frequency of repositioning as detailed within the care plan; provide the position the patient has been changed to and are consistently signed by the relevant staff. Ref: 5.2.2 Response by registered person detailing the actions taken: Repositioning charts reflect the patient's individual care plan. Charts are checked twice in 24 hours and are signed by the nurse in charge. Two signatures are recorded appropriately.
Area for improvement 2 Ref: Standard 44.1 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that the underneath of armchair cushions and the surface of mattresses are kept clean. Ref: 5.2.3 Response by registered person detailing the actions taken: This area for improvement is made in regard to crumbs underneath of armchair cushions. Housekeepers and night care staff have been informed of this issue and records are recorded of cleaning schedules.

	<p>The surfaces of mattresses are thoroughly cleaned, however due to the constant use of chlorine products this can result in a white stain or residue on the mattresses.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5.3 and 5.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall review the practice of locking the dining room door within the dementia unit outside of meal times and ensure that any reasons and decisions for restrictive practice are risk assessed and included in patients care plans.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The practice of locking the dining room door outside of mealtimes within the Dementia unit will continue. The registered manager had stated on the day of inspection that keeping the dining room door open at all times was a health and safety risk for the current patients. This decision has been based on a risk assessment and consultation with the Community Mental Health Team. This information will be recorded in the patients Deprivation of Liberty careplans.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2023</p>	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: There were no complaints received in the home from 2019 until 2023. Issues received from one identified relative in May 2023 have been recorded retrospectively.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2023</p>	<p>The registered person shall ensure that all deficits identified within IPC audits are included within the action plan, which also details the person responsible for addressing the action, the time frame and follow up.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The nursing sisters have been informed to record if staff are bare below the elbow in the IPC studies. This information shall be included within the action plan.</p>

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