

# Unannounced Care Inspection Report 21 January 2021



## 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**

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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.

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 nursing home 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 and date registered:</b> Claire Gormley - 13 January 2017
<b>Person in charge at the time of inspection:</b> Claire Gormley	<b>Number of registered places:</b> 52
<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 patients accommodated in the nursing home on the day of this inspection:</b> 49

### 4.0 Inspection summary

An unannounced inspection took place on 21 January 2021 from 09.45 to 16.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas identified for improvement were in relation to relation to staff undertaking training in the use of a potentially restrictive practice, responding to behaviours and the optimal and safe ways of assisting patients with their meals. Care records should reflect the assessing and planning of care in respect of responding to behaviours and the use of a potential restrictive practice, where appropriate.

Patients said that they felt they were well cared for by staff and commented, “Couldn’t get better than here.”

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Claire Gormley, 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.

#### 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
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with eight patients individually and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. The inspector provided the manager with ‘Tell us’ cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 1 to 21 January 2021
- three staff competency and capability assessments
- five patients’ care records
- complaint records
- compliment records
- staff training information including induction training

- staffs' annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

There were no areas for improvement identified at the last care inspection of 13 March 2020.

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

There were no areas for improvement identified as a result of the last care inspection of 13 March 2020.

## 6.2 Inspection findings

### 6.2.1 Staffing

The duty rota accurately reflected the staff working in the home. We were able to identify the person in charge of each unit in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support. The manager stated that the staff team had been very supportive of each other over recent times and provided the additional cover on duty, when required

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "Great teamwork here, just a lovely place to work."
- "It's a good place to work, I love it."
- "Heather and Claire are brilliant and gave us all the support we needed before Christmas."
- "Very good place to work, staff are lovely and everyone just gets on with their work."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was reviewed and this confirmed the processes were on-going. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

We reviewed the minutes of staff meetings which evidenced that the last staff meeting held was in August 2020. In discussion with the manager it was stated that general staff meetings had been 'put on hold' due to Covid-19. However, there were ad-hoc meetings in relation to, for example; infection prevention and control measures, hand hygiene and the use of PPE. The review of the minutes of staff meeting held evidenced that meetings were also held with those staff responsible for catering, housekeeping and care in August 2020. Care staff spoken with told us that they attended a handover report when commencing duty and that this was helpful and informative and provided a plan for the day.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

### **6.2.2 Infection prevention and control procedures and the environment**

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "We get changed once we arrive for duty and get our temperature taken, we're all very aware of Covid."

Visiting arrangements were pre-arranged with staff and an area had been designated for visiting. However, the home was closed to visitors coming into the home at the time of the inspection although visitors were able to talk to and see their relative through 'window' visits.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. The home was attractively furnished and had a homely appearance and atmosphere.

A copy of the fire risk assessment report was reviewed and this was dated 23 June 2020. Evidence was present that any recommendation made had been actioned or was in the process of being actioned. The report commended all effort taken to undertake fire drills during the current health care crisis as the manager had been undertaking fire drills in each unit. We discussed with the manager and administrative staff a more comprehensive method of recording staffs' attendance at fire drills. This would provide information, at a glance, as to any staff member who still needed to attend a fire drill. The manager and administrative staff agreed to implement this.

### 6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner, particularly the activities coordinators.

Some comments made by patients included:

- "The staff are excellent."
- "Christmas time was wonderful here."
- "The nurses are so helpful."
- "You just buzz and they (staff) come to you no matter if it's day or night."
- "It's terrific here, I can't see any better."
- "The carers are outstanding."

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home and will re-commence following guidance from the Department of Health.

Three questionnaires were completed and returned to RQIA, two were from patients and one was from a patient's representative. The respondents indicated that they were very satisfied that care was compassionate, safe and effective and that the service was well led. An additional comment from the patient's representative was included;

- "I could not speak too highly of the care my XX receives in Cornfield Care Centre, it is truly unparalleled. The staff care for my XX as if it was their relative, who could ask for more?"

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients' social, spiritual and recreational needs. A planned activities programme was displayed throughout the home.

We observed the serving of the lunchtime meal in one of the units. Dining tables were appropriately set with place mats and a range of condiments. Meals were served in differing coloured plates and when asked, staff stated the colours represented the texture of meal required by patients. Patients were offered a choice of fluids to accompany their meal. A patient commented, "The food is good, they (staff) come around with a menu and you've two choices." We also observed that a patient, who was seated in a specialised chair in the 'tilt' position, was not placed in an upright position when being assisted with their meal despite this position being specifically stated in the individual's care plan. All staff should be aware of the optimal and safe ways of assisting patients with their meals and their individual assessed needs. This has been identified as an area for improvement. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients' dietary preferences.

#### **6.2.4 Care records**

We reviewed five care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. The exception was in relation to care planning for responding to behaviours that challenge and the use of a potential restrictive practice. The review of a patient's care plan regarding behaviour management did not clearly specify how the behaviour presented, any known triggers or how to respond/diffuse the behaviour. This was identified as an area for improvement. We observed a patient seated in a specialised chair and observed the use of a lap belt. The review of the patient's care record did not evidence a completed risk assessment to validate the use of the lap belt and a corresponding care plan for the use of a potential restrictive practice was not in place. These issues were discussed with the manager and have been identified as areas for improvement. In addition and as discussed with the manager, a further area for improvement was identified in relation to staff undertaking training in the use of a potentially restrictive practice, responding to behaviours and as discussed in 6.2.3 the optimal and safe ways of assisting patients with their meals and their individual assessed needs.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

#### **6.2.5 Governance and management arrangements**

There was a clear management structure within the home and the manager was available throughout the inspection process. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A patient commented: "I know Claire the manager, she's very good."

There were numerous 'thank you' cards displayed and comments included:



- “A heartfelt thank you to you all for the fantastic care you are giving to all your residents in Green Lane especially to my XX at this challenging time”.  
Relative- December 2020
- “A huge thank you to all the fantastic staff in Castle Lane who looked after my XX so well over the past few years. You are all amazing and were like family to XX in every way. You are ‘angels’ and do a fantastic job.”  
Relative-December 2020
- “To all the wonderful staff in Green Lane. All your hard work and effort especially during this Covid pandemic is so much appreciated. You are all amazing.”  
Relative- January 2021

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. Where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home’s own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider’s representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for October, November and December 2020 were reviewed. An action plan, within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

### **Areas of good practice**

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

## Areas for improvement

Areas identified for improvement were in relation to relation to staff undertaking training in the use of a potentially restrictive practice, responding to behaviours and the optimal and safe ways of assisting patients with their meals. Care records should reflect the assessing and planning of care in respect of responding to behaviours and the use of a potential restrictive practice, where appropriate.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3 Conclusion

We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. This was also confirmed by patients' and their representatives. Governance and management systems were in place and were consistently reviewed and evaluated. Areas identified for improvement were discussed with the manager who agreed with the findings off the inspection.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Gormley, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action	<p>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.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The care plans identified on the day of the inspection have been put in place for each patient accordingly responding to behaviours and the use of potential restrictive practice.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time  <b>To be completed by:</b> 1 March 2021	<p>The registered person shall ensure that staff complete training in respect of:</p> <ul style="list-style-type: none"> <li>• the use of a potentially restrictive practice</li> <li>• responding to behaviours</li> <li>• the optimal and safe ways of assisting patients with their meals and their individual assessed needs.</li> </ul> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Systems have been put in place for training to commence in March 2021 and will include: the use of potentially restrictive practice, responding to behaviours, the optimal and safe ways of assisting patients with their meals and their individual assessed needs. Meetings have taken place for staff who have been informed regarding the three areas identified in the quality improvemnet plan ref 6.2.4.</p>

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



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