

Announced Premises Inspection Report 22 February 2018



Cornfield Care Centre

Type of service: Nursing Home

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

Tel No: 02877761300

Inspector: Phil Cunningham

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home with 52 beds that provides care for service users within two accommodation wings, one for people suffering from dementia and the other for people with general nursing needs including physical disabilities.

3.0 Service details

Organisation/Registered Provider: Cornfield Care Centre Responsible Individual(s): Marcus Jervis Nutt	Registered Manager: Claire Gormley
Person in charge at the time of inspection: Claire Gormley	Date manager registered: Claire Gormley - 13/01/2017
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E)	Number of registered places: 52

4.0 Inspection summary

An announced inspection took place on 22 February 2018 from 10.00 to 12.30.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the management and upkeep of the premises and the engineering services and equipment.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Claire Gormley, registered manager and Heather Moore, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 25 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Recent inspection reports and returned QIPs
- Recent correspondence with the service
- The establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- Service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- Legionellae risk assessment
- Fire risk assessment.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met.

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 the most recent inspection dated 25 June 2017

The most recent inspection of the service was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last premises inspection dated 16 November 2015

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.		Validation of compliance
Area for improvement 1 Ref: Standard 44.8	Forward confirmation to RQIA that the baths are included in the twice weekly flushing regime for seldom used outlets.	Met
	Action taken as confirmed during the inspection: Manager confirmed that these checks are now in place and records were presented to support this.	
Area for improvement 2 Ref: Standard 44.8	Ensure that when the thermostatic mixing valves are next serviced, the service report includes details of the service tasks carried out.	Met
	Action taken as confirmed during the inspection: Manager confirmed that this is now in place and records were presented to support this.	
Area for improvement 3 Ref: 48.1	Carry out appropriate actions to address and sign off the action plan of the fire risk assessment.	Met
	Action taken as confirmed during the inspection: Risk assessment has been reviewed since the last inspection and the items on the action plan have been signed off by the manager.	
Area for improvement 4 Ref: 48.1	At the time of next review of the fire risk assessment, ensure that the person carrying out the review holds recognised third party accreditation or professional registration. Reference should be made to the correspondence from RQIA relating to this. See http://rqia.org.uk/cms_resources/letter%20re%20accreditation%20for%20FRAs_March2015.pdf http://rqia.org.uk/cms_resources/Guide_to_Chooosing_a_Compentent_Fire_Risk_Assessor.pdf	Met

	<p>Action taken as confirmed during the inspection: Risk assessment has been reviewed since the last inspection and the assessor is suitably qualified.</p>	
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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.

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas of good practice

Good comprehensive records relating to the maintenance and upkeep of the premises were retained at the home and these were made available during the inspection.

Areas for improvement

The records of checks to the home's domestic water system indicate that the temperature of the hot water in the Castle Lane unit distribution system is consistently below the temperature detailed in the Approved Code of Practice on Control of Legionella Bacteria in Water Systems (L8) issued by the Health & Safety Executive of Northern Ireland. Measures should be taken to remedy this. See QIP item 1.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Claire Gormley, registered manager and Heather Moore, 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 Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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 .

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

<p>Area for improvement 1</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered person should carry out remedial measures to ensure that the hot water in the Castle Lane unit distribution system is consistently maintained at the temperature detailed in the Approved Code of Practice on Control of Legionella Bacteria in Water Systems (L8) issued by the Health & Safety Executive of Northern Ireland.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Thorough investigation has taken place with Mechanical engineer and Plumber regarding measures to ensure that the hot water in the Castle lane unit distribution is consistently maintained.</p> <p>A new pump has been ordered and to be fitted as soon as possible to rectify this problem.</p>

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



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