



Unannounced Care Inspection Report 13 and 21 June 2019



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**

Inspectors: James Laverty, Rachel Lloyd and Joseph McRandle

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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 registered nursing home which is registered to provide nursing care for up to 52 persons. It is divided between two 26 bedded units, the Green Lane unit for individuals aged over 65 years, and the Castle Lane unit for those living with dementia.

3.0 Service details

Organisation/Registered Provider: Cornfield Care Centre	Registered Manager and date registered: Claire Gormley 13 January 2017
Responsible Individual: Mr Marcus Jervis Nutt	
Person in charge at the time of inspection: Claire Gormley	Number of registered places: 52 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.
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	Number of patients accommodated in the nursing home on the day of this inspection: 52

4.0 Inspection summary

An unannounced inspection took place on 13 June 2019 from 09.40 to 16.15.

This inspection was undertaken by the care inspector and the pharmacist inspector. Following this, an announced finance inspection also took place on 21 June 2019 from 11.15 to 13.15.

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 areas for improvement identified in the home since the last care, finance and medicine management inspections 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: the standard of cleanliness throughout the home, teamwork among staff and staff management, wound care, collaboration with the multiprofessional team and the management of restraint. Other areas of good practice were also noted in regard to: meal times and communication with patients' families/representatives, quality assurance of care delivery, staff management and monthly monitoring reports. There was also evidence of good practice in relation to the management of medicines, governance arrangements, record keeping, medicine storage and controlled drugs.

No areas for improvement were identified during this inspection.

Patients described living in the home in very positive terms. One patient stated “Teamwork is powerful; it’s marvellous the care we get. You couldn’t get better care than what we’re getting.” Other patients’ comments are referenced throughout this report.

Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and professionals and staff during and after the inspection, are also included in the main body of this report.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Claire Gormley, manager, Heather Moore, operations manager, and Mr Jervis Nutt, responsible individual, 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 29 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 29 August 2018. No further actions were required to be taken following that most inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

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.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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

- staff training records for the period 2019/20
- accident and incident records
- three patients' care records including relevant supplementary wound / nutritional care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- staff selection and recruitment records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- management of medicines on admission and medication changes
- management of distressed reactions, pain, controlled drugs, warfarin, thickening agents and antibiotics
- personal medication records, medicine administration records, records of medicines requested, received and transferred/disposed of
- medicines management audits
- the storage of medicines
- staff training and competency assessment
- care plans regarding the management of medicines
- two patients' written agreements
- two patients' personal property records
- financial policies and procedures

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

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection. An area for improvement identified at the previous premises inspection has been reviewed and validated as met.

Areas for improvement identified at the previous finance inspection have been reviewed. Of the total number of areas for improvement all were validated as met.

Areas for improvement identified at the previous medicines management inspection have been reviewed and validated as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We reviewed staffing levels within the home with the manager who confirmed that these were planned and kept under review to ensure that the needs of patients were met. We asked patients and staff about staffing levels and no-one expressed any concern. Several patients spoke positively about the home to the inspector, including comments such as:

- “I have no complaints about staff.”
- “...I’m very satisfied with everything.”

The staff described how they are supported by the manager. The manager told us staff are supported through informal conversation and a process of bi-annual supervision and annual appraisal. We spoke to six staff who expressed a very high level of satisfaction with the support they received from the manager, operations manager and the proprietor. When asked what it was like to work within the home, staff responses included:

- “A breath of fresh air.”
- “Coming to work is like a family.”
- “Claire Gormley and Heather Moore [are] fantastic ...”

It was encouraging to note that the staff workforce appeared to be a very cohesive, motivated and focused team who spoke consistently about care delivery to patients and the support they received from the management team.

Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. One such staff member told the inspector “I feel comfortable here ... the induction was grand.” Improvement to the induction of agency staff was discussed and agreed with the manager and will be reviewed at the next inspection.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted 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).

The interior and exterior environment of the home was noted to be maintained to a very high standard throughout. We viewed a range of areas including: patients' bedrooms, communal lounges, storage areas and dining rooms. We noted that cleanliness was consistently maintained throughout all of these areas. As we walked around the home, patients could be seen relaxing either on their own or with one another in several different areas. Patients appeared relaxed and comfortable in their surroundings. It was positive to note that one bedroom within the Castle Lane unit was decorated and personalised in a manner which best suited the needs and preferences of the patient who lived there. This included items such as coloured lighting, soft fabrics and personalised bed linen.

However, the Castle Lane unit did highlight that it lacked sufficient stimulation for patients in some areas. A visiting professional who was spoken with agreed and stated that the unit was "... very clean, very open ... not much in the way of stimulation." We spoke to the manager about potential improvements for the unit and she agreed to consult with patients, relatives and staff to seek ideas about what could be achieved.

We saw that the staff did adhere to Infection prevention and control practices. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also included in the monthly monitoring reports.

A culture of safeguarding was easily identifiable within the home. Staff had received mandatory training and were able to articulate and demonstrate a good working knowledge of safeguarding processes and procedures.

Management of medicines

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency, medicine records, the ordering and receipt of medicines, the administration of the majority of medicines, the management of controlled drugs and antibiotics.

Two audit discrepancies were observed for inhaled medicines and these were discussed. The manager agreed to monitor the administration of inhaled medicines. The dosage for one medicine had been transcribed incorrectly on the personal medication record and had been administered once instead of twice daily. This was addressed immediately and the prescriber was informed.

Some patients were prescribed a medicine for administration 'when required' for the management of distressed reactions. The dosage instructions were recorded on the personal medication record and staff spoken to were aware of how to recognise signs, symptoms and triggers which may cause a change in behaviour and were aware that it may be due to pain or infection. Care plans were in place and the reason for and outcome of each administration were usually recorded.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that pain was well controlled and the patient was comfortable. Care plans were in place and a pain assessment tool was in use where appropriate.

Medicines were stored safely and securely and storage areas were clean, tidy and well organised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of cleanliness throughout the home, teamwork among staff and staff management. Further areas of good practice were also found in regard to the management of medicines, governance arrangements, record keeping, medicine storage and controlled drugs.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the start of each shift which allowed them to discuss and review the ongoing needs of patients.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the manager. One staff member told us “Claire Gormley is A1.”

A review of patients’ care records evidenced that nursing staff consistently and effectively engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

Regular contact with patients’ families is also a vital aspect of care delivery. Care records which were viewed demonstrated that staff regularly communicated with patients’ families or representatives as staff used/reviewed a range of risk assessments to help inform the care being provided.

The provision of wound care to patients was considered. It was positive to note that one patient who required ongoing wound care possessed care records which were completed by nursing staff in an accurate, detailed and person centred way. The care records were able to show that the patient’s wound had been dressed regularly in keeping the care which was prescribed.

Care delivery to one patient who was assessed as requiring support with their nutritional needs were examined. Once again, care records were maintained to a consistently high standard and showed evidence of effective and timely collaboration with the dietician in response to observed weight loss.

Some patients were assessed as being at risk of falling. We reviewed the care records for one such patient and found that they contained comprehensive and relevant risk assessments which informed the care plan. It was good to note that following one episode of a fall, nursing staff had carried out careful assessment of the patient, including neurological observations, and had recorded their findings clearly. This patient's care records also contained helpful care plans relating to the management of urine infections and mouth care. It was particularly good to note that the care plan relating to mouth care directed nursing staff to relevant best practice guidance which was produced by The National Institute for Health and Care Excellence (NICE).

At times, some patients may require to be supported in a manner which involves restrictions on their movement. It is crucial that such interventions are managed in such a way as to ensure that the restrictions are necessary, proportionate and reviewed regularly. The care records for one such patient were reviewed. These provided inspectors with assurance that the nursing team were working closely with the patient's family and multi-professional team. However, it was noted that there was no contingency plan in place in the event of reduced staffing having a negative impact on these arrangements. This was discussed with the manager who agreed to update the patient's care plans to ensure that staff clearly know how to maintain the safety and wellbeing of all patients in such a situation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care, collaboration with the multiprofessional team and the management of restrictive practice.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Upon arrival to the home, the majority of patients appeared to have finished eating breakfast. A calm, unhurried and relaxing atmosphere was noted throughout the home for the duration of our inspection.

Interactions between staff and patients throughout the day appeared friendly and spontaneous. All of the patients who were spoken with throughout the inspection spoke highly of the ability and commitment of staff in relation to patient care. Some patients' comments about living in the home included the following:

- "Oh yes! I have no complaint. This place was highly recommended."
- "Tip top!"
- "I feel pampered!"
- "They treat me well ... I couldn't get better."

It was noted that one main communal lounge, in which the majority of patients were seated throughout the day within the Castle Lane unit, had a notice asking patients' visitors not to use it. Visitors were asked to use a smaller available lounge when visiting their loved one. This arrangement was discussed with the manager who assured us that patients' visitors could enter the main lounge if they wished; the manager stated that visitor access was monitored so as to ensure patient privacy and dignity when providing aspects of personal care such as with moving and handling. The need importance of promoting patients' engagement with the wider community, including receiving visits from relatives and/or friends, in a place of their choosing was highlighted.

The provision of lunch was observed and staff were seen offering patients clothes protectors as appropriate. The meals which were served appeared well presented and appetising. Staff provided assistance to patients in a discreet, dignified and friendly manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to meal times and communication with patients' families/representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There is a clear organisational structure within the home with staff and management having a good understanding of their roles and responsibilities.

The home's categories of care were reviewed with the manager and it was confirmed 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 manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

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 relation to wound care, complaints management and the use of restrictive practices.

In addition, monthly monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were reviewed. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality and human rights legislation and recognising and responding to the diverse needs of patients. Staff demonstrated a good understanding of these principles of care.

Selection and recruitment records for one staff member were reviewed. These provided assurance that all the necessary checks had been carried out prior to the staff member commencing their post. It was agreed that the date on which written references are received by the home should be clearly recorded.

Management of service users' monies"

Discussion with staff during the finance inspection on 21 June 2019 confirmed that no monies or valuables were held on behalf of patients at the time of the inspection. The controls surrounding the management of patients' finances were reviewed and were found to be satisfactory. No new areas for improvement were identified during the finance inspection on 21 June 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality assurance of care delivery, staff management and monthly monitoring reports.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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