# Unannounced Care Inspection Report
# 25 May 2017

# 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: Lyn Buckley**

## 1.0 Summary

An unannounced inspection of Cornfield Care Centre took place on 25 May 2017 from 10:25 to 16:15 hours.

The inspection sought to assess progress with any issues raised during and 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.

**Is care safe?**

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies, staff training and development and the environment. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. A recommendation was made regarding the registered manager's knowledge of the new adult safeguarding policy and procedures. However, RQIA were assured that the operations manager and the acting responsible person were aware of the changes.

A requirement was also made in relation to infection prevention and control practices.

**Is care effective?**

We reviewed the management of pressure area care, care of the ill patient, and the management of falls. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT), care managers and General Practitioners (GPs).

Supplementary care charts such as repositioning, food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and information.

There were no areas for improvement identified within this domain.

**Is care compassionate?**

We arrived in the home at 10:25 hours and were greeted by staff who were well informed, helpful and attentive. Patients were either finishing a late breakfast or enjoying a morning cup of tea/coffee in the sitting areas/lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending on which they preferred and staff were observed assisting patient to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

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. Discussion with patients confirmed that living in Cornfield Care Centre was a positive experience.

There were no areas for improvement identified within this domain.

**Is the service well led?**

The certificate of registration issued by RQIA was clearly displayed in the foyer of the home.

Review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

Unannounced quality monitoring visits were completed on a monthly basis by the operations manager on behalf of the provider. Copies of the quality monitoring visits were available in the home.

Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion, patients and representatives/relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

There were no areas for improvement identified within this domain.

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.

## 1.1 Inspection outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 1 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Claire Gormley, Registered Manager, and Heather Moore, Operations 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 February 2017. There were no issues raised as a result of this inspection. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

| | |
|---|---|
| **Registered organisation/registered person:**<br>Cornfield Care Centre<br>Mr Ewan Harper – acting registered person | **Registered manager:**<br>Claire Gormley |
| **Person in charge of the home at the time of inspection:**<br>Registered Nurse Barbara Lynch initially then Clare Gormley from 11:40 hours until 15:30 hours. | **Date manager registered:**<br>13 January 2017 |
| **Categories of care:**<br>NH-DE, NH-I, NH-PH, NH-PH(E) | **Number of registered places:**<br>52 |

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with six patients individually and with others in small groups; two registered nurses, six care staff, two domestic staff and two relatives. Questionnaires were also left in the home to obtain feedback from patients, relatives and staff not on duty during the inspection. Eight patient and 10 questionnaires for staff and relatives were left.

The following information was examined during the inspection:

- duty rota for all staff from 15 to 28 May 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three patient care records
- patient care charts including food and fluid intake charts and reposition charts
- consultation with patients, relatives and staff
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

## 4.0 The inspection

## 4.1 Review of requirements and recommendations from the most recent inspection dated 16 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no issues raised as a result of this inspection.

There were no issues required to be followed up during this inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 4 October 2016

| Last care inspection recommendations | | Validation of compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Ref:** Standard 6<br><br>**Stated:** First time | The registered provider should ensure that patient information is stored securely and confidentially. For example, patient information on whiteboards should not be accessible to the general public. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Observations confirmed that this recommendation has been met. | |
| **Recommendation 2**<br><br>**Ref:** Standard 35<br><br>**Stated:** First time | The registered provider should ensure that audit records clearly evidence that the results of audits have been analysed and evaluated; that appropriate actions were taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of audit records confirmed that this recommendation has been met. | |

## 4.3 Is care safe?

The nurse in charge and the registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 15 to 28 May 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; nine were returned following the inspection. Two respondents answered no to the question, "Are there sufficient staff to meet the needs of the patients?"

They also recorded comments as follows:
"There is not enough relief staff to cover permanent staff holidays/sickness- therefore often short staffed."
"Need more staff in the morning."

Patients spoken with during the inspection commented very positively regarding the staff and the care delivered, and they were satisfied that when they required assistance staff attended to them in timely manner. We also sought the patients' opinions on staffing via questionnaires; one was returned indicating concern that "once a day staff go off duty, it is very quiet and sometimes it feels that there is not enough staff about." This was discussed with the registered manager by telephone on 14 June 2017. The registered manager confirmed that staff do not take their breaks together and a recent review of staff breaks reiterated this; care staff have also been directed to complete their care notes in the lounge areas, and all lounges dining rooms and bedrooms have nurse call bells available. The only supervised lounge is the lounge within the dementia suite. RQIA were satisfied with this response.

Two relatives spoken with confirmed that they had no concerns regarding staffing and felt assured that their loved one's needs were being met. We sought other relatives' opinion on staffing via questionnaires; seven completed questionnaires were returned. All respondents indicated that staff had enough time to care for their relatives.

A review of records confirmed that the registered manager had a process in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Records were maintained in accordance with Standard 39 of The Care Standards for Nursing Homes 2015. Mandatory training compliance was monitored by the registered manager and also reviewed by senior management as part of the monthly quality monitoring process. Additional training was available to staff to ensure they were able to meet the assessed needs of patients.

Observation of the delivery of care evidenced that training, such as moving and handling , had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. During discussions the registered manager confirmed that she was not aware of the new regional operational safeguarding policy and procedures and contacted the operations manager to confirm who the home's adult safeguarding champion was. RQIA were assured that the operations manager and the acting responsible person had completed training and processes were in place to implement the new adult safeguarding procedures. However, a recommendation is made in respect of the registered manager's knowledge as she is responsible and accountable for the day to day operations of the home.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment were reviewed regularly and informed the care planning process.

Review of accidents/incidents records from 1 January 2017 and notifications forwarded to RQIA confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Infection prevention and control measures were reviewed and personal protective equipment (PPE) such as gloves and aprons were available throughout the home. Staff were observed to use PPE appropriately. Observations evidenced that staff labelled commodes to indicate 'I am clean.' This is good practice, however, examination of commodes from both suites labelled 'I am clean' and one shower chair evidenced that the equipment was not effectively cleaned. In addition a number of other concerns such as the cleanliness of pedal bin lids and patient equipment that showed evidence of rusting were also highlighted during feedback. Details of the findings in relation to the commodes and shower chair were shared with care staff at the time and with the management team during feedback. A requirement was made.

**Areas for improvement**

A recommendation was made that the registered manager is aware of and understands her role within the new regional adult safeguarding policy and procedures.

A requirement was made in relation to infection prevention and control measures.

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| **Number of requirements** | 1 | **Number of recommendations** | 1 |

## 4.4 Is care effective?

Review of three patient care records evidenced that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patient changed. Nursing staff also demonstrated awareness of the need to review and update care plans when recommendations were made by other healthcare professionals such as, the speech and language therapist (SALT) and the tissue viability nurse (TVN); or when the recommendations were changed.

We reviewed the management of pressure area care, care of the ill patient and the management of falls. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), care managers and General Practitioners (GPs). The registered manager also monitored the number of falls occurring in the home.

Supplementary care charts such as repositioning, food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and information.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff spoken with confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed. Minutes for senior management and nursing and care staff meetings were available. The last staff meeting had been held in May 2017.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that they enjoyed working in the home and with colleagues and if they had any concerns, they could raise these with their immediate line manager, the registered manager or the operations manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a folder by the registered manager. This record was updated to reflect changes. For example, when a patient was admitted to the home or transferred to hospital.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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| **Number of requirements** | 0 | **Number of recommendations** | 0 |

## 4.5 Is care compassionate?

We arrived in the home at 10:25 hours and were greeted by staff who were well informed, helpful and attentive. Patients were either finishing a late breakfast or enjoying a morning cup of tea/coffee in the sitting areas/lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access fresh water and/or juice depending of which they preferred and staff were observed assisting patient to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients able to communicate their feelings indicated that they enjoyed living in Cornfields Care Centre and that staff were caring and attentive. 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.

Discussion with the registered manager and review of records confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home.

Review of letters and cards received by the home indicated the thoughts and feelings of relatives as follows:
"Belated thanks for the wonderful care given to my… Exceptional nurses and carers…"
"You should be so proud; the care given to my darling… was second to none. I will be singing your praises for the rest of my life…"
"Just a wee note to express our sincere thanks to you all for making … birthday a special day…"

Ten relative questionnaires were issued; seven were returned within the timescale and all the respondents indicated that they were either very satisfied or satisfied with the care provided across the four domains.

One relative made comments as follows:
"Staff are always friendly, supportive and approachable."
"Communication is a two way process. Very satisfied."
In respect of the staff, "One can talk, with ease and ultimate trust about things."

Ten questionnaires were issued to staff; nine were returned within the timescale indicated. Staff members were either very satisfied or satisfied with the care provided across the four domains. Two staff included comments regarding staffing levels. Details can be found in section 4.3.

Eight questionnaires were issued to patients; one was returned within the timescale indicated. Patients responded that they were very satisfied with their care across the four domains. A comment was made regarding staffing levels. This was discussed in section 4.3.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| **Number of requirements** | 0 | **Number of recommendations** | 0 |
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## 4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with patients and staff evidenced that the registered manager's working patterns provided opportunity to allow them to have contact as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Review of records evidenced that monthly audits were completed to ensure the quality of care and services was maintained. For example, audits were completed for accidents/incidents, complaints and wound management. The records evidenced that any identified areas for improvement had been addressed and checked for compliance. Audit outcomes informed the monthly quality monitoring process undertaken by the operations manager.

Review of records evidenced that quality monitoring visits were completed on a monthly basis. Recommendations were made within the report to address any areas for improvement. Copies of the quality monitoring visits were available in the home.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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|---|---|---|---|
| **Number of requirements** | 0 | **Number of recommendations** | 0 |

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Gormley, Registered Manager, and Heather Moore, Operations Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| Quality Improvement Plan | |
|---|---|
| **Statutory requirements** | |
| **Requirement 1**<br><br>**Ref:** Regulation 13 (7)<br><br>**Stated:** 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.<br><br>**Ref: Section 4.3** |
| **To be completed by:**<br>Immediate action required. | **Response by registered provider detailing the actions taken:**<br>Identified commodes and showerchair were effectively cleaned when informed by the Inspector.<br>Weekly cleaning audits of commodes have been implemented.<br>However examination of commodes evidenced minimal amount of rusting around the wheels and underneath.<br>Examination of pedal bins evidenced minimal amount of rust ,same replaced. |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref:** Standard 35.6<br><br>**Stated:** First time | 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.<br><br>**Ref: Section 4.3** |
| **To be completed by:**<br>Immediate action required. | **Response by registered provider detailing the actions taken:**<br>The registered manager had undertaken training on SOVA (26/01/2017) E Learning.<br>However as stated on the day of inspection, mandatory training face to face training including the Role and Function of the Adult Safeguarding Champion.is programmed for the 13/07/2017. |

***Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address***

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