

# Inspection Report

14 July 2023



## Cornfield Care Centre

Type of service: Nursing

Address: Kingfisher, Nightingale & Goldfinch Suites

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Cornfield Care Centre  <b>Registered Person:</b> Mr Marcus Jervis Nutt	<b>Registered Manager:</b> Mrs Patricia Deighan  <b>Date registered:</b> 10 January 2017
<b>Person in charge at the time of inspection:</b> Mrs Lorraine Sinclair, registered nurse, 7.25am – 8am Mrs Patricia Deighan, manager, 8am – 4.40pm	<b>Number of registered places:</b> 76  A maximum of 51 patients in NH-I, NH-PH, NH-PH(E) categories and a maximum of 25 patients in NH-DE category. The home is also approved to provide care on a day basis to 3 persons.
<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 impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b>  Kingfisher Suite – 26 Goldfinch Suite – 25 Nightingale Suite - 25
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 76 patients. The home is divided into three units all on the ground floor. The Nightingale Suite provides dementia nursing care. The Kingfisher and Goldfinch Suites provides general nursing care.  Patients have access to communal lounges, dining rooms and outdoor spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 July 2023 from 7.25 am until 4.40 pm. The inspection was carried out by a care inspector.

The purpose of the inspection was to assess progress with all 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.

Prior to the inspection RQIA received information raising concerns regarding staffing levels and early morning rising of patients not in line with patient choice or preference. Details of the concerns were discussed with the manager at the commencement of the inspection. Review of relevant documents and discussion with patients and staff evidenced that the concerns raised were not substantiated.

Patients told us that they felt well looked after. Patients who were less able to communicate their views 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 were identified during the inspection as 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, visiting 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**

The inspector spoke with 12 patients individually and others in groups. 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: "I have everything I need", "The staff are very friendly here", "Very well looked after here", "They (staff) couldn't do anything more for me" and "I really like it here".

Two questionnaires were returned from relatives. The respondents were very satisfied with the overall provision of care. Comments included: "So well cared and looked after", "The overall care in Cornfields is of a high standard" and "Our (relative) is also very happy and content with (their) care and surroundings".

The inspector spoke with 12 staff. Staff said that management were very approachable, teamwork was great and that they felt well supported in their role. Comments included: "I really enjoy working here", "Good teamwork and good staff morale", "Staffing levels are good" and "I love working here". There was no feedback from the staff online survey.

During the inspection three visitors commented positively about the care provided, communication, the manager and the staff. Comments included: "We are very happy with (relatives) care", "My (relative) is getting well looked after", "The staff are very friendly and welcoming" and "They (staff) are very good here".

Comments received during the inspection were shared with the manager.

## 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 13 December 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39 (9)  <b>Stated:</b> First time	The registered person shall put in place a matrix of all staff and their mandatory training received and when this training is due for renewal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the training matrix and discussion with the manager during and after the inspection evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35 (9)  <b>Stated:</b> First time	The registered person shall clearly record in the accident and incident reports, whether or not, RQIA were notified of the event and by who and when.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff said they felt supported in their roles and that there was good team work 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 of each unit 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 supervisions and appraisal was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

Review of a sample of staff recruitment and induction records evidenced that not all relevant pre-employment information had been obtained prior to staff commencing work in the home. Details were discussed with the manager and an area for improvement was identified. Following the inspection, written assurances were received from the manager confirming the immediate action 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). Review of the record of NISCC checks evidenced that further details were required. Following the inspection, the relevant details were forwarded to RQIA from management.

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 moving and handling, 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.

Both paper and electronic training records were maintained in the home, some of which were inconsistent. Following the inspection, the manager submitted written evidence that staff had completed mandatory training. However, training in relation to infection prevention and control (IPC) had not been completed by ancillary staff. This was discussed with the manager who provided written confirmation that IPC training dates had been scheduled for ancillary staff to complete, up until the end of August 2023. Therefore, an area for improvement was not required on this occasion.

A separate register was maintained by the manager of all nursing and care staff who had completed training in relation to the Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DoLS) relevant to their role. The manager confirmed that training was also being scheduled for ancillary staff and agreed to implement a register to record when the training had been completed.

### 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 patients care records identified a number of entries within repositioning charts which exceeded the recommended frequency of repositioning as per their care plan. There were also inconsistencies within care records regarding the recommended frequency of repositioning. Details were discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

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.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required. One staff member was observed standing when assisting a patient with their meal. This was discussed with the manager to review and action as necessary.

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. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

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). Whilst staff were providing the correct diet as recommended by SALT, review of one patient's care records evidenced that the care plan had not been updated to reflect the most recent SALT recommendations and the choking risk assessment had not been updated within the required timeframe. This was discussed in detail with the manager and following the inspection written confirmation was received that these records had been updated. Therefore, an area for improvement was not required on this occasion.



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.

Review of a sample of care records evidenced that a number of care plans did not contain sufficient details and were not fully reflective of the patient's current needs. It was further identified that not all patients had care plans in place for identified medical conditions. Specific details were discussed with management and an area for improvement was identified.

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

A room used by staff within the dementia unit was unlocked, with access to confidential patient information. This was discussed with the manager who confirmed that there was a fault with the lock on the door which had been reported to maintenance personnel to repair on the morning of the inspection. Following the inspection, the manager provided written confirmation that the lock had been repaired.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was neat and 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 management team advised that refurbishment work was ongoing within the home to ensure that it is well maintained.

Whilst most areas of the home were clean, the underneath of identified toilet seats, paper towel dispensers and sanitary wear were stained and/or rusted. A malodour was evident within three identified bedrooms and the underside of one mattress was stained. This was discussed with the manager who agreed to have these areas reviewed. Following the inspection written confirmation was received that relevant action had been taken to address these issues, with ongoing monitoring to ensure sustained compliance.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. However; there was no system to monitor and ensure that all staff had participated in a fire evacuation drill at least once a year. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.

An electrical store was unlocked and items including clinical needles, razors, chemicals and staff handbags were found accessible in some areas in the home. An area for improvement was identified.

Prescribed supplements for two identified patients were found in an unlocked store room. A prescribed topical cream for an identified patient was accessible in an unlocked cupboard within a communal bathroom. An area for improvement was identified.

Some surface damage was evident to a number of over bed tables, bedframes and bedrail protectors. The manager confirmed that over bed tables had been ordered and agreed to review/replace any other equipment as necessary. Following the inspection both written and verbal confirmation was received from management that relevant action had been taken to address these issues.

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.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including several members of staff not bare below the elbow and inappropriate storage of patient equipment within communal bathrooms and en-suites. An area for improvement was identified.

#### **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 attended a prayer service in the morning and live music in the afternoon. 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 good", "Good home cooked food here and plenty of it" and "The food is nice here."

#### **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. One notifiable event had not been submitted to RQIA. This was discussed with the manager who submitted this retrospectively.

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. The audits completed included an action plan, the person responsible for addressing the action, a time frame with a follow up to ensure that the necessary action had been taken.

The home was visited each month by a representative of the responsible person to consult with residents, 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 (April 2015)**.



	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Patricia Deighan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	<p>The registered person shall ensure that Access NI checks are completed prior to any staff commencing work in the home.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  Cornfield Care Centre has always ensured Access NI checks are in place prior to staff commencing employment. This was our first experience of employing overseas staff .</p> <p>On checking with Access NI on the 28 March 2023 we were advised that it would be unlikely to be any information held on the police national computer and if this was the case it would be unhelpful processing an Access NI e-application. We were advised to request a certificate of good conduct from the individual's country of origin . We had received a police clearance from India and two character references. An Access NI check was applied for on 31 July 2023. On the 7 August 2023 a member of staff contacted the manager Access NI department and she stated that enhanced checks are now required for overseas staff before employment and she apologised for any confusion in regard to this issue.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	<p>The registered persons shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  All areas of the home to which patients have access are locked, where needed, maintaining patient safety.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that the IPC issues identified during inspection are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> IPC issues identified during inspection have been addressed. Refurbishment of areas has been carried out and is ongoing. IPC training for staff is carried out yearly and is to be completed August 2023.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 July 2023</p>	<p>The registered person shall ensure that where a patient requires pressure area care, a care plan is in place detailing the recommended frequency of repositioning; and that this is accurately reflected and recorded in the corresponding repositioning chart.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Repositioning charts reflect care plan. They are checked twice in 24 hour period by Nurse in charge. Once during the day shift and once during night shift. Nurse to initial &amp; date same as checked.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 July 2023</p>	<p>The registered person shall ensure that care plans provide sufficient details that are reflective of the patient's current needs and any relevant medical conditions.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Nursing staff informed that care plans need to be reflective of patient's current needs with relevant details supplied. Medical conditions to have individual care plans.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that prescribed topical creams and supplements are stored safely and securely as per the manufacturers' instructions and safely disposed as required.</p> <p>Ref: 5.2.3</p>

From the date of inspection	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All topical creams are stored safely in treatment room or in locked cabinets in patient's ensuites.</p> <p>Supplements are stored in treatment room which is locked.</p> <p>Audit book is updated when new stock arrive, name, number received, expiry date. Daily running total is kept when dispensed to patients, balance updated.</p>
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