

Inspection Report

13 December 2022



Cornfield Care Centre

Type of service: Nursing
Address: Kingfisher, Nightingale & Goldfinch Suites
51 Seacoast Road, Limavady, BT49 9DW
Telephone number: 028 7776 1300

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Cornfield Care Centre Registered Person: Mr Marcus Jervis Nutt	Registered Manager: Mrs Patricia Deighan Date registered: 10 January 2017
Person in charge at the time of inspection: Mrs Patricia Deighan	Number of registered places: 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.
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 impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 74
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 76 patients. The home is divided in three units over one floor. These units are known as Kingfisher, Nightingale and Goldfinch suites.	

2.0 Inspection summary

An unannounced inspection took place on 13 December 2022, from 10am to 3.20pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of patients. Staff provided care in a compassionate manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two areas requiring improvement were identified during this inspection. These were in respect of putting in place a matrix of all mandatory training received by staff and clearly recording in the accident and incident reports, whether or not, RQIA were informed of the event.

RQIA were assured that the delivery of care and service provided in Cornfield Care Centre was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of assurances in the home.

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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they were very happy with their life in the home, their relationship with staff, and the provision of meals. Two patients said; “They (the staff) are really very good and all very kind.” and “It’s a lovely place. Everyone is very caring.”

Staff spoke in positive terms about the provision of care, their roles and duties, teamwork, training and managerial support. Some staff made comments about the staffing levels and busy workload but clarified that same was manageable.

One visiting relative praised the care in the home and the kindness and support received from staff.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Cornfield Care Centre was undertaken on 16 November 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of two staff members’ recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management. Some staff said concerns about the staffing levels and the busy workload but clarified same by saying this was manageable. Assurance was received from the Manager that staffing levels are kept under review and recruitment of additional staffing is in place.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. One

patient said; “They (the staff) are brilliant and couldn’t do enough for you. They (the staff) care for me very well.”

A matrix of mandatory training provided to staff was not in place. This would have given good managerial oversight of this. This has been identified as an area of improvement to put in place. There were systems in place to ensure staff were trained and supported to do their job. Staff and the management team confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. 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. Expressions of consent were evident with statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery.

Care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available. One patient said; “The food is delicious and always a choice.”

There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. One frailer patient said; “They (the staff) are all very good and keep me comfortable.” Care records accurately reflected the patients’ needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held confidentially.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 9 May 2022. There was corresponding evidence in place of the actions taken in response to the three recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Observations of care practices confirmed that patients were able to choose how they spent their day.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Visiting festive entertainment was provided for in one of the units of the home and was enjoyed by all who attended.

A visiting hairdresser was also in attendance for those patients who wished to avail of this service.

5.2.5 Management and Governance Arrangements

The Registered Manager of the home is Mrs Patricia Deighan.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Heather Moore, Operations Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. An area of improvement was made to clearly record in the accident and incident reports whether or not, RQIA were informed of the event. This was not being clearly recorded and made review of these reports cumbersome to confirm whether RQIA were notified.

There was evidence that the Manager ensured that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; wound care, infection prevention and control and the dining experience.

The home was visited each month by the operations manager on the behalf of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with **the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	0	2

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

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39(9) Stated: First time To be completed by: 13 January 2023	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A Matrix was in place on day of inspection however this has been updated to include Care assistants.</p>
Area for improvement 2 Ref: Standard 35(9) Stated: First time To be completed by: 14 December 2022	<p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: There is a clear record in the accident and incident reports, whether or not, RQIA were notified of the event and by who and when.</p>

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