

# Unannounced Care Inspection Report

## 14 January 2021



## Cornfield Care Centre

**Type of Service: Nursing Home**

**Address: 51 Seacoast Road, Limavady, BT49 9DW**

**Tel No: 028 7776 1300**

**Inspectors: Heather Sleator**

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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 nursing home registered to provide nursing care for up to 76 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cornfield Care Centre  <b>Responsible Individual:</b> Marcus Jervis Nutt	<b>Registered Manager and date registered:</b> Mrs Patricia Deighan 10 January 2017
<b>Person in charge at the time of inspection:</b> Katrina Canning- Nurse in Charge Heather Moore – Operations Director	<b>Number of registered places:</b> 76
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia I – Old age not falling within any other category 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> 73

### 4.0 Inspection summary

An unannounced inspection took place on 14 January 2021 from 09.30 to 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Infection prevention and control procedures were being adhered to.

Areas identified for improvement included ensuring all staff have attended at least one fire drill per year and the need to maintain the governance arrangements for the home in a systematic manner.

Patients said that they felt they were well cared for by staff and commented, “Staff are great, they’d do anything for you.”

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
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Katrina Canning, Registered Nurse and Heather Moore, Operations Director, 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.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 10 patients individually and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. The inspector provided the manager with ‘Tell us’ cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 1 to 14 January 2021
- three staff competency and capability assessments
- four patients’ care records
- complaint records
- compliment records
- staff training information including induction training
- staffs’ annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care were reviewed and 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 20/02/2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated:</b> First time	The registered person shall ensure that any aspect of care is planned in accordance with assessed need and where applicable consultation with other professionals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of four patients' care records evidenced that where an assessed need had been identified a corresponding plan of care was in place.	

## 6.2 Inspection findings

### 6.2.1 Staffing

We were assisted by the person in charge, Katrina Canning, registered nurse, as the manager was unavailable at the time of the inspection. Heather Moore, Operations Director, also facilitated the inspection.

The duty rota accurately reflected the staff working in the home. The person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- “There’s a good team here.”
- “Staffing has been good, we help each other out”
- “There’s more to do (work) at the minute but it’s worth it to protect the patients.”

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a ‘planner’ which was reviewed. However, it was unclear from the records maintained if the planned supervisions and appraisals had all been undertaken. Refer to 6.2.5.

We reviewed the minutes of staff meetings which evidenced that the last care staff meeting held was in July 2020 and registered nurses’ meeting in June 2020. In discussion with the person in charge it was stated that general staff meetings had been ‘put on hold’ due to Covid-19. The review of the minutes of staff meeting held evidenced that meetings were held with those staff responsible for catering, housekeeping and care in September 2020. Care staff spoken with told us that they attended a handover report when commencing duty and that this was helpful and informative and provided a plan for the day.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date although the system for ensuring that all staff had attended one fire drill per year was unclear, refer to 6.2.2. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and ‘ad-hoc’ meetings alongside the scheduled training date. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

### **6.2.2 Infection prevention and control procedures and the environment**

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "Plenty of PPE and we've had all our training."

Visiting arrangements were pre-arranged with staff and an area had been designated for visiting. However, the home was closed to visitors coming into the home at the time of the inspection although visitors were able to talk to and see their relative through 'window' visits.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. The home was attractively furnished and had a homely appearance and atmosphere.

A copy of the fire risk assessment report was reviewed and this was dated 23 June 2020. Evidence was present that any recommendation made had been action or was in the process of being actioned. The report commended all effort taken to undertake fire drills during the current health care crisis as the manager had been undertaking fire drills in each unit. However, the review of the fire drill record for staffs' compliance did not clearly evidence that all staff had attended a fire drill, as is required. This may have been due to the recording template and a more comprehensive approach to recording this information was discussed with the person in charge and this has been identified as an area for improvement.

### **6.2.3 Care delivery**

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner, particularly the activities coordinators.

Some comments made by patients included:

- "It's very good here, I couldn't complain."
- "I find it very pleasant here, the staff are just lovely."
- "Everyone is very approachable, I wouldn't hesitate to speak to anyone if I had any issues, but I don't."

Five questionnaires were completed and returned to RQIA. The questionnaires did not specify if the respondents were patients or patients' representatives'. The respondents indicated that they were very satisfied that care was compassionate, safe and effective and that the home was well led. There were no additional comments included.

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients' social, spiritual and recreational needs. A planned activities programme was displayed throughout the home.

We observed the serving of the lunchtime meal in one of the units. Dining tables were appropriately set with place mats and a range of condiments. Patients were offered a choice of fluids to accompany their meal. A patient commented, "The meals are lovely, far too much." Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients' dietary preferences.

#### **6.2.4 Care records**

We reviewed three care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records were reviewed in respect of wound care management, post falls management and the nutritional needs of the patients.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

#### **6.2.5 Governance and management arrangements**

There was a clear management structure within the home and the person in charge was available throughout the inspection process. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. Staff comments included: "Management are very supportive." and "Management are great, Heather is brilliant."

There were numerous 'thank you' cards displayed and comments included:

- "Many thanks for the care and attention that you gave XXX over the last few years especially these last few months when we couldn't be there".

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A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion. However, some internal quality auditing and governance documentation was not completed on a regular basis, for example; wound care management and the supervision and appraisal of staff. It is acknowledged that the recent months have required a different focus for



management and staff however, there is a need to maintain the governance arrangements in a systematic and up to date manner. This has been identified as an area for improvement.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for October, November and December 2020 were reviewed. The reports for October and December 2020 did not include discussion with patients, patients' representatives and staff due to illness in the home. An action plan, within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

### Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Infection prevention and control procedures were being adhered to.

### Areas for improvement

Areas identified for improvement included ensuring all staff have attended at least one fire drill per year and the need to maintain the governance arrangements for the home in a systematic manner.

	Regulations	Standards
Total number of areas for improvement	0	2

## 6.3 Conclusion

We discussed the findings of the inspection with the Katrina Canning, person in charge and Heather Moore, Operations Director. We discussed the good practice and patient care that was evident throughout the three units. We discussed the areas for improvement as described in the report, to fulfil their responsibilities and further enhance patient care.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Katrina Canning, Person in Charge, 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 Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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 for assessment by the inspector.

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	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.6  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2021	The registered person shall ensure that the governance arrangements are maintained in a systematic and up to date manner  Ref: 6.2.5  <b>Response by registered person detailing the actions taken:</b> Audit File has been reviewed and updated. Wound Care is now maintained in a systematic and up to date matter.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 48.8  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2021	The registered person shall ensure that all staff participate in a fire evacuation drill at least once per year and records are maintained to reflect individual staff member's attendance.  Ref: 6.2.2  <b>Response by registered person detailing the actions taken:</b> Fire evacuation drills shall be undertaken on a quarterly bases. A spreadsheet will be maintained to reflect individual staff members attendance.

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



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