

# Inspection Report

**Name of Service: Cornfield Care Centre**

**Provider: Cornfield Care Centre**

**Date of Inspection: 16 January 2025**

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Cornfield Care Centre
<b>Responsible Person:</b>	Mr Marcus Jervis Nutt
<b>Registered Manager:</b>	Ms Katrina Canning
<b>Service Profile:</b>  Cornfield Care Centre is a nursing home registered to provide nursing care for up to 76 patients. The home is divided into three units on the ground floor. The Nightingale suite provides care for patients living with dementia and the Goldfinch and Kingfisher suites provide general nursing care for frail elderly over 65 years of age and physical disability over and under 65 years of age.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 January 2025, from 9.30 am to 5.15 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards since the last care inspection on 7 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that care was delivered to patients in a compassionate manner and that the home was well led. It was evident that staff promoted the well-being of patients. Details and examples of the inspection findings can be found in the main body of the report.

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. Refer to Section 3.2 for more details.

It was positive to note that eleven areas for improvement were assessed as having been addressed by the provider during this inspection. Three areas for improvement have been stated for a second time; three areas for improvement in relation to medicines management will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 What people told us about the service

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: "Getting well looked after", "I am happy here", "The staff are excellent here", "The staff couldn't be better" and "I feel safe here".

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested. One patient said: "I have everything I need" and a further patient said: "First class care here. You couldn't beat it".

Relatives spoken with during the inspection commented positively regarding the overall provision of care.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction. There was evidence that relevant pre-employment checks had been completed prior to commencing employment and a record of induction was available within staff files.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing

levels. It was observed that staff responded to requests for assistance promptly, in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

### 3.3.2 Care Delivery

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 and discussing patients' care in a confidential manner.

Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others. An activity schedule was on display within the home offering a variety of activities such as; live music, bingo, arts and crafts, movies, aerobics, church service and aromatherapy. One to one time was provided to patients by the activity co-ordinator in the morning and a number of patients were observed watching a movie in the afternoon. Patients appeared to enjoy the activities provided.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. There was a menu on display within each dining room offering a choice of two meals.

A mealtime co-ordinator was allocated to oversee the correct delivery of meals to patients. It was observed that patients were enjoying their meal and their dining experience.

Patients commented positively about the food provided within the home with comments such as: "The food is great and a good selection", "The food is very good" and "The food is nice".

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs and nursing staff recorded regular evaluations about the delivery of care.

Review of a number of care records and observation of the type of mattress on patients' beds, evidenced that there were inconsistencies in relation to the type of mattress documented and the type provided. It was also identified that a number of mattresses were not set in accordance with the patients' weight and an area for improvement has been stated for a second time.

### 3.3.4 Management of Patients' Environment and Infection Control

The home was clean, neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that refurbishment work had been completed since the last care inspection, however, some floor coverings within identified bedrooms required replacing and walls painted. The manager discussed the homes refurbishment plans confirming that these floor coverings were on the homes agenda to be replaced and that painting was ongoing throughout the home. Progress with this will be reviewed at a future inspection.

Review of a sample of windows evidenced that the type of restrictor installed was not tamper proof; details were discussed with the management team and an area for improvement has been stated for a second time.

Portable radiators were identified within three patient's bedrooms. On discussion with the manager there was no care plan or risk assessment in place for the use of these radiators and an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control, with regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Katrina Canning has been the manager in this home since 5 April 2024.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Accidents/incidents records evidenced that one notifiable event had not been submitted to RQIA. This was discussed with the manager who submitted the necessary notification retrospectively.

The notification submitted related to an adult safeguarding (ASG) incident which had not been reported to RQIA. An area for improvement has been stated for a second time.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. A discussion was held with the manager to ensure that the full audit cycle is implemented going forward for all audits completed. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	6*

\* The total number of areas for improvement includes one regulation and two standards that have been stated for a second time and three standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 (27) (2) (b) (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> 16 February 2025	The registered person shall ensure that all windows are reviewed and fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool to ensure that window openings are controlled to a safe point of opening of not more than 100mm.  Ref: 2.0 and 3.3.4
	<b>Response by registered person detailing the actions taken:</b> All window restrictors have been replaced with tamper proof fixings.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> Second time  <b>To be completed by:</b> 12 September 2023	The registered person shall ensure that the reason for and the outcome of administration is recorded on every occasion, when medication is administered on a 'when required' basis, for the management of distressed reactions.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 2.0
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 12 September 2023	The registered person shall ensure that changes made to prescribed medicines are recorded clearly on personal medication records and any discontinued medicines removed from stock promptly to prevent their potential administration in error.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 2.0

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 12 September 2023	The registered person shall ensure that controlled drug records are completed contemporaneously by the two members of staff involved, in line with legislative requirements, professional standards and guidelines.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 2.0
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second time  <b>To be completed by:</b> 22 January 2025	The registered person shall ensure that mattress settings are in accordance with the manufactures guidelines and the patients weight. Care plans and supplementary care records must be reflective of the type of mattress being used.  Ref: 2.0 and 3.3.3  <b>Response by registered person detailing the actions taken:</b> Monthly audits of mattress settings have been undertaken to ensure compliance with this standard.
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 13.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 16 January 2025	The registered person shall ensure that Adult Safeguarding referrals are reported to all relevant persons without delay.  Ref: 2.0 and 3.3.5  <b>Response by registered person detailing the actions taken:</b> Registered managers are aware that Adult Safeguarding referrals must be reported to all relevant persons without delay.
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 16 January 2025	The registered person shall ensure that relevant care plans and risk assessments are completed for any patient with a portable radiator.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> All portable radiators have been removed from bedrooms.

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





The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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