



Unannounced Care Inspection Report 20 February 2020



Cornfield Care Centre

Type of Service: Nursing Home (NH)
Address: 51 Seacoast Road, Limavady, BT49 9DW
Tel No: 028 7776 1300
Inspectors: Heather Sleator

www.rqia.org.uk

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 nursing home is registered to provide nursing care for up to 76 persons. The home is divided into three separate units, as follows; the Nightingale Suite which is a 26 bedded unit providing care for persons living with dementia; the Goldfinch Suite which is a 25 bedded unit providing frail elderly nursing care; and the Kingfisher Suite which is a 25 bedded unit also providing frail elderly nursing care.

3.0 Service details

Organisation/Registered Provider: Cornfield Care Centre Responsible Individual: Marcus Jervis Nutt	Registered Manager and date registered: Mrs Patricia Deighan 10 January 2017
Person in charge at the time of inspection: Mrs Patricia Deighan	Number of registered places: 76 comprising: 51 - NH-I, NH-PH, NH-PH(E) 25 - NH-DE The home is also approved to provide care on a day basis to 3 persons.
Categories of care: 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	Number of patients accommodated in the nursing home on the day of this inspection: 73

4.0 Inspection summary

An unannounced inspection took place on 20 February 2020 from 10.30 hours to 16.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal choice for patients. Patients were enthusiastic and informed of the planned activities. Staff were knowledgeable of the needs of the patients and worked well as a team to deliver the care patients' required. The environment was homely and comfortable. Effective systems were in place to provide the manager with oversight of the services delivered.

An area for improvement was identified regarding the accurate assessment and care planning for the use of a potential restrictive practice.

Patients described living in the home as being a good experience and in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Deighan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 29 October 2019

No further actions were required to be taken following the most recent inspection on 29 October 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 February to 20 February 2020
- staff training records in respect of Mental Capacity/Deprivation of Liberty Standards training
- incident and accident records
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- minutes of staff meetings
- reports of the monthly quality monitoring reports from November 2019 to January 2020.
- RQIA registration certificate
- Statement of Purpose
- selected policy documentation

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided

6.0 The inspection

6.1 Review of areas for improvement from previous inspection.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing arrangements and care practice

A system was in place to identify staffing levels to meet the patients' needs. A review of the staff rotas for the period 1 February to 20 February 2020 confirmed that the staffing numbers identified by the manager were consistently provided. Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the patients. A staff member commented, "This is the only nursing home I would work in."

Staff confirmed that they received a report when commencing duty and had a clear plan for the day's activity. Staff also confirmed that they were supported by management through the process of regular individual supervision and annual staff appraisal. We reviewed the minutes of staff meetings and this confirmed that these occur on a quarterly basis.

We discussed the arrangements for the nominated person in charge of the home in the absence of the manager. The manager stated that a registered nurse was identified on the duty rota as the person in charge. A review of the duty rota and the completed competency assessments confirmed a robust system was in place.

In discussion with the manager and staff it was confirmed that arrangements were in place for the completion of the Mental Capacity Act/Deprivation of Liberty Standards training for staff. Care staff are completing level 2 training and senior registered nurses will be completing levels 3 and 4.

We were advised that the use of potential restrictive practices was very limited, for example, the use of bedrails or alarm/pressure mats when and where there is assessed need. We reviewed a patient's care records regarding the use of bedrails. Evidence of a risk assessment was present and a corresponding care plan regarding the use of bedrails which monitored the continued safe use of this type of equipment. Evidence was also present of consultation with the patient's representative in respect of the need for bedrails. Care records also confirmed that staff had diligently assessed planned and consulted with other professionals, where applicable, regarding the management of wound care and post falls management. However, we observed a patient in a specialised seating chair in a tilted position. The review of the patient's care records did not clearly evidence the rationale for the use of the chair, of the tilt position or of consultation with other professionals regarding this area of care. The importance of this was discussed with the manager and has been identified as an area for improvement. We telephoned to the Operations Director the following day to provide feedback on the inspection. The Operations Director stated that the care plan had been reviewed and updated to reflect the assessed needs of the patient.

6.2.2 Environment

The home maintains a high standard of cleanliness. The suites were attractively furnished and decorated. Each suite had a number of lounge and/or small seating area for patients to enjoy with bedrooms evidenced personalisation. Bedrooms had ensuite facilities.

We observed that the sun lounge in Nightingale suite was large and spacious and due to its size may not appear as homely and comforting as other lounges in the home. This was discussed with management who agreed to research the latest information in respect of creating a dementia friendly environment for the patients. The entrance to the dementia unit has a key coded locking mechanism. We observed that a television monitor was in the nurses' station in Nightingale suite. Staff stated that the camera was angled only on the entrance to the unit so as staff could let visitors in and out and try and ensure patients did not inadvertently go out of the unit. This was discussed with the manager in terms of the use of equipment which may be deemed 'close circuit television'. The use of CCTV is to be monitored by procedures for use which were not available at the time of the inspection. RQIA were informed that the responsible individual, Mr Jarvis Nutt, stated that the system did not record who came into and out of the unit and therefore information was not being retained in the home. It was later agreed with the Operations Director that the home's Statement of Purpose would reflect that a monitor was in use in the Nightingale unit so as the general public would be aware of this.

We saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. No issues were observed with fire safety. The access to fire escapes was clear.

6.2.3 Patient's and relatives views.

We arrived in the home at 10.30 hours and were met immediately by staff who offered assistance. Patients were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that patients were relating positively to staff and to each other. Activities are planned and led by the activities

coordinators, with the assistance of staff when needed. This may change on a daily basis depending on what patients' state they would prefer. Activities are a mixture of small group activities and one to one activity. There was a wide range of activities available for patients including crafts, board games, quizzes and musical entertainers coming into the home. Nightingale suite has a designated activities leader. There are weekly services in the home to facilitate the spiritual needs of the patients.

We viewed a number of thank you cards received from patients and or their representatives. The comments written were very complimentary and included:

- "Staff always friendly, kind and knowledgeable about our XXX's uniqueness and as a result were able to respond appropriately and quickly to changes in her fluctuating health." - Relative January 2020
- "Cared for our XXX to an exceptionally high standard" - Relative January 2020.

We met with patients during the inspection who described living in Cornfield in positive terms. Comments included:

- "They're (staff) awful good to you....every one of them."
- "The food is very good....it's too good."
- "The food is very good, we get a choice and the menu is on the table."
- "They're great workers, every one of them."
- "They come into you all smiley, not grumpy, it lifts your spirits."
- "We're well fed and watered....well everything."

We met with four patients' representatives who were very positive regarding the care afforded by staff and commented:

- "Couldn't express how much the home has meant to our XXX and how content they were."
- "Treated with care and sensitivity."
- "Staff paid attention to the small things and it was the small things that meant so much."
- "Always kept informed of anything that happened, even if it was the middle of the night."
- "Everyone, nurses, care staff, catering and domestic staff just care about the patients."

No issues were raised by staff. Staff felt the staffing arrangements were generally satisfactory and that there was good teamwork in the home. There were no questionnaires completed and returned to RQIA from staff.

There were no questionnaires returned to RQIA relatives.

6.2.3 Serving of lunch

We observed the serving of lunch in the dementia care unit. Patients were assisted to the table in timely manner before the serving of lunch. The menu was displayed in a pictorial format for patients' information. Staff were present throughout the meal to provide assistance and reassurance as required. Assistance given by staff was sensitive, not time limited and intuitive. Meals were plated individually and served directly to the patients. Staff told us that as they plate the meals they can adjust meals and portion sizes in response to patients' preferences and individual need.

The dining rooms were bright and spacious. Dining tables were attractively set with individual place settings, napkins and a range of condiments. Patients were offered a choice of fluids at mealtimes. Care staff record patients nutritional and fluid intake electronically and information was present in the dining rooms to assist staff with accurate recording, for example fluid content of a range of crockery.

6.2.4 Management and governance arrangements

The manager, Patricia Deighan, had worked in the home for a number of years prior to being appointed as manager and was familiar with all aspects of the three suites. The manager facilitated the inspection and demonstrated a good understanding of the relevant regulations, care standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, monitoring reports, audit records, patients care records and staffing information. Feedback and discussion took place at the conclusion of the inspection with the manager and areas of good practice and area/s for improvement were identified.

The Operations Director has implemented a range of monthly audits to assist with reviewing the quality of services delivered. Any action required to achieve improvements are shared with the relevant staff and rechecked by the Operations Director and/or the manager to ensure the action has been completed. Areas audited included for example; the environment, accidents, incidents, complaints and care records.

A monthly quality monitoring visit was undertaken in accordance with Regulation 29. Records of the past three months were reviewed. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to patients and the delivery of care which took into account personal choice for patients. Patients were enthusiastic and well informed of the planned activities. Staff were knowledgeable of the needs of the patients and worked well as a team to deliver the care patients' required. The environment was homely and comfortable. Effective systems were in place to provide the manager with oversight of the services delivered.

Areas for improvement

An area for improvement was identified regarding the accurate assessment and care planning for the use of a potential restrictive practice.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Deighan, Registered Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: 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. Ref: 6.2.1
To be completed by: Immediate	Response by registered person detailing the actions taken: The identified patient was reassessed and no longer requires a tilt and space chair. All patients who require a tilt and space chair are assessed in consultation with the Occupational Therapist. A copy of the instructions for this chair are held in the patient's file.

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



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