



Unannounced Care Inspection Report 29 October 2019



Cornfield Care Centre

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

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 patients 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 providing frail elderly nursing care.

3.0 Service details

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|--|---|
| Organisation/Registered Provider: Cornfield Care Centre Responsible Individual(s): 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: 76 |

4.0 Inspection summary

An unannounced inspection took place on 29 October 2019 from 13.15 to 19.45 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and 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 the internal environment, staff interactions with patients, staff teamwork and the selection and recruitment of staff.

No areas for improvement were identified during this inspection.

Several patients told us that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. Patients' comments concerning nursing care or service delivery which were expressed during the inspection are referenced throughout 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 patients' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Patricia Deighan, Manager, Ms Heather Moore, Operations Director, and Mr Jervis Nutt, Responsible Individual.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 4 and 5 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

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 and 'Have We Missed You' cards 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 and/or discussed during the inspection:

- staff training records for the period 2019/20
- accident and incident records
- four patients' care records including relevant supplementary wound care/nutritional care records
- governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- annual quality report

The findings of the inspection were provided to the manager and senior management team at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

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

6.2 Inspection findings

6.2.1 The environment

All three suites within the home were finished to a quality standard with high level furnishings and décor. Corridors and lounges were seen to be neat, tidy and free from any clutter. Patients were observed relaxing in various parts of the home including large/small communal lounges or their bedrooms. Some patients made use of smaller lounges when being visited by family members and enjoyed views into well maintained grounds.

6.2.2 The use of wheelchairs

We saw that some patients were seated within their wheelchairs for a significant length of time before being transferred to more comfortable chairs in the lounges. We also experienced the same delay for one patient in the afternoon. As a result, an identified patient had to remain seated in their wheelchair for longer than necessary. The need to ensure that patients are assisted to and from their wheelchairs in a timely and dignified manner was highlighted to the manager and operations director who agreed to review staff routines. This will be reviewed at a future care inspection.

6.2.3 The use of restrictive interventions

Several patients were assessed as able to use their wheelchairs to move freely and independently throughout the home. Whilst mobile, it was noted that wheelchair lap belts were in place for patients in keeping with their care plans.

However, it was also noted that lap belt monitoring records for one patient (which records how frequently the lap belt is released under supervision throughout the day) was absent. Feedback from staff indicated that such checks had been carried out and that the missing record was an oversight on the day; such records for the week prior to the inspection were found to be in place.

6.2.4 Nutritional care

The care records for one patient who required enteral feeding were reviewed. A detailed and person centred care plan was in place with regard to what nutritional products the patient required. However, there was no such plan around the cleansing and monitoring of the enteral site; this was discussed with the manager who following the inspection assured the inspector that a new system had been put in place to ensure that this aspect of care was consistently delivered, recorded and monitored. This will be reviewed at a future care inspection.

6.2.5 The management of behaviours which challenge

We saw that staff interactions with patients were caring, friendly and spontaneous. However, on one occasion staff did not adequately manage the needs of one patient who presented with some behaviours which may be challenging. This was identified as a learning need for staff and it was also agreed that bespoke training in relation to promoting the human rights of patients would also be organised for staff. These training initiatives are to be welcomed and will be reviewed at a future care inspection.

6.2.6 Patient and patients' relative/representative feedback

All patients who were spoken with expressed a high level of satisfaction about the home. Patients' comments included:

- "It's great here."
- "I love it here."
- "I like it here ... very happy."
- "I'm very contented here."

Similarly, the majority of patients' relatives who were spoken with also expressed a high level of satisfaction with regard to how their loved ones were cared for; comments included:

- "There's always people about – it's some place."
- "I would tell the manager if I was concerned."

We saw a large number of patients were enjoying and listening to a visiting singer who came to perform for them. Several patients told us following this event how much they enjoyed it.

6.2.7 Staff feedback

Several staff of various grades were spoken with during the inspection. We spoke to a number of staff during the inspection, all of whom displayed a high level of motivation and commitment to the needs of patients. However, the understanding of some staff in regard to infection prevention and control (IPC) principles and adult safeguarding was inadequate. This was highlighted to the manager and director of operations who confirmed following the inspection that additional training in these two areas had been arranged for staff.

Staff spoke very positively about the level of support they received from both the manager and director of operations. Staff comments included:

- “I enjoy it here.”
- “It’s good you know; I enjoy it.”

We spoke with a number of female staff who shared with us their dissatisfaction with the uniform policy, specifically the use of white dresses. Staff told us that they found it difficult to maintain their modesty due to the material of the dresses and the manner in which the dresses restricted their movements when delivering care to patients. These comments were shared with the management team. The responsible individual was encouraged to consider this staff feedback and explore effective ways to address this specific matter.

6.2.8 Governance and managerial oversight

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home’s complaints procedure and that they were confident the home’s management would address any concerns raised by them appropriately. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint. It was agreed with the manager that complaints records should provide a clear timeline of any actions taken in response to a complaint.

Selection and recruitment records were reviewed and found to be satisfactory. It was agreed that the date on which an applicant’s AccessNI application is received should be clearly noted within recruitment records.

We were informed that patient/relative questionnaires had been recently distributed to inform the home’s pending annual quality report. This feedback will be considered at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the internal environment, staff interactions with patients, staff teamwork and the selection and recruitment of staff.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|-------------------------------------|-------------|-----------|
| Total numb of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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