



The Regulation and
Quality Improvement
Authority

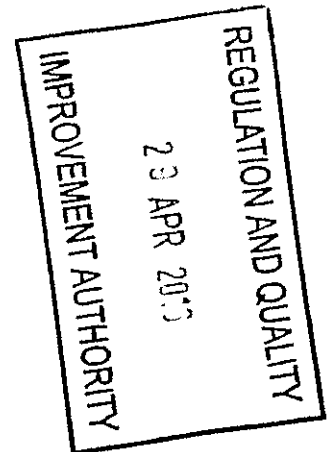
Rockfield Care Centre
RQIA ID: 1496
Windmill Road
Newry
BT34 2QW

Inspector: Dermot Walsh
Inspection ID: IN022088

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**Unannounced Care Inspection
of
Rockfield Care Centre**

7 March 2016



The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 7 March 2016 from 09.20 to 14.30.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health care and Standard 39: Staff Training and Development of the DHSSPSNI Care Standards for Nursing Homes (2015).

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Rockfield which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 10 August 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6*

*The total number of recommendations includes one recommendation stated for the second time and one recommendation has been carried forward from previous inspection.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Ciara Power, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: HC-ONE Limited (HC-One is in the process of selling Rockfield to another provider) Paula Keys	Registered Manager: Ciara Power
Person in Charge of the Home at the Time of Inspection: Ciara Power	Date Manager Registered: 31 March 2014
Categories of Care: RC-I, NH-MP, NH-PH, NH-I	Number of Registered Places: 40
Number of Patients Accommodated on Day of Inspection: 33	Weekly Tariff at Time of Inspection: £593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

- Standard 4: Individualised Care and Support, criterion 8**
- Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15**
- Standard 21: Health Care, criteria 6, 7 and 11**
- Standard 39: Staff Training and Development, criterion 4**

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with patients
- discussion with patient representatives
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback

The inspector met with 14 patients, three patient representatives, five care staff, one ancillary staff member and one registered nurse.

Prior to inspection, the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- four patient care records
- selection of personal care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- infection control audits
- regulation 29 monthly monitoring reports file
- guidance for staff in relation to continence care
- records of complaints

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Rockfield Care Centre was an unannounced care inspection dated 10 August 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 (7) Stated: Second time	Replace the flooring in the identified bathroom. Action taken as confirmed during the inspection: During a tour of the premises, the flooring in the identified bathroom was observed to have been replaced.	Met
Requirement 2 Ref: Regulation 20 (3) Stated: First time	The registered person must ensure a competency and capability assessment is carried out with any nurse who will be left in charge of the home in the absence of the registered manager. Action taken as confirmed during the inspection: A review of competency and capability records in the home confirmed a HC-One Competency and Capability Tool had been completed for all nurses taking charge of the home in the absence of the manager.	Met

Last Care Inspection Recommendations	Validation of Compliance	
<p>Recommendation 1</p> <p>Ref: Standard 36 Criteria (1) (2)</p> <p>Stated: First time</p>	<p>A policy on communication should be developed which includes reference to current best practice guidelines.</p> <p>The policies on Palliative and End of Life Care and Death and Dying should be reviewed to make reference to current regional guidance, such as GAIN (2013) Palliative Care Guidelines.</p> <p>A system to implement the policies should confirm that all relevant staff have read the documents with evidence of staff signature and date.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Policies on palliative and end of life care incorporating death and dying had been reviewed and made reference to regional guidelines. A system had been implemented to evidence staff knowledge of the new policy.</p> <p>The registered manager provided evidence of contact made to HC-One (the provider organisation) on two occasions requesting development of a policy on communication. The policy has not been developed. However, HC-One is in the process of selling Rockfield to another provider. Due to this information, the policy on communication will be reviewed when the new provider completes the takeover of Rockfield.</p>	<p>Carried forward to next inspection</p>
<p>Recommendation 2</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Evidence that two infection control audits and daily walk arounds were conducted was available on inspection. However, during a tour of the premises, there was evidence that compliance with infection control best practice had not been achieved. Please see section 5.4.2 for further clarification.</p>	

5.3 Continence management

Is Care Safe? (Quality of Life)

A HC-One policy and procedure dated July 2013 was in place to guide staff regarding the management of continence.

Best practice guidance on continence care from the Royal College of Nursing (RCN); Nursing Standard (NS) and HC-One was available in the home for staff.

These included:

- Improving Continence Care for Patients (RCN)
- Urinary Continence Management in Older People (NS)
- Continence Promotion and Management Guidance (HC-One)

Discussion with the registered manager and staff and a review of the training records confirmed that staff had received training in continence product management. Thirty one staff had completed eLearning on continence management and seven staff had completed face to face training on continence management.

Discussion with the manager and staff and information sent to RQIA following the inspection, confirmed there were seven registered nurses trained and deemed competent in male/female urinary catheterisation.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Information leaflets providing continence advice for patients and relatives was available in the home.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

A continence link nurse had not been identified for the home. However, in discussion, the registered manager stated that plans were in place to establish a continence link nurse for the home.

Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients.

There was evidence in all four patient care records reviewed that Malnutrition Universal Screening Tool (MUST) risk assessments and Braden assessments had been reviewed consistently on a monthly basis.

Four continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. There was evidence within the care records of patient and/or representative involvement in the development of the care plans.

Bowel assessments had been completed in the four patient care records reviewed. However, the assessments did not consistently identify the patients' normal bowel habit. Records relating to the management of bowels were reviewed which evidenced that staff inconsistently made reference to the Bristol Stool Chart. A recommendation was made.

Fluid targets had been identified within the patient care records. However, some fluid targets were not achievable for patients to attain resulting in daily shortfalls of targets recorded. These deficits were not clearly recorded in the patients' daily evaluation to include actions taken to address the shortfall. A recommendation was made.

There was a clear record of patient skin checks being carried out. Patients requiring assistance in managing pressure relief had appropriate repositioning charts recorded.

Records reviewed evidenced that urinalysis was undertaken as required and patients had been referred to their GPs appropriately.

Is Care Compassionate? (Quality of Care)

On inspection, good relationships were very evident between patients and staff; staff were noted to treat the patients with dignity and respect and responded to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

Areas for Improvement

It is recommended that patients' normal bowel habits, including frequency of movements and Bristol Stool Score, should be identified on admission and thereafter in bowel management records.

It is recommended that manageable fluid targets are calculated for patients and any shortfall of the target should be recorded to include any actions taken to address the shortfall.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Additional Areas Examined

5.4.1 Consultation with Patients, Representatives and Staff

During the inspection process, 14 patients, three patient representatives, five care staff, one ancillary staff member and one registered nurse was spoken with to ascertain their personal view of life in Rockfield. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Rockfield.

Some patients' comments received are detailed below:

'It's nice here. They are very helpful.'

'It's brilliant. We're well fed and everything is done for you.'

'It's very good. The staff are lovely.'

'I'm comfortable. It's very good.'

'It's quiet.'

Three patient representatives consulted were positive in their experience of Rockfield and a sample of comments received are detailed below

'Excellent care is given to my mother.'

'It seems very nice here.'

'.....is well taken care off.'

The view from staff during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

Some staff comments received are detailed below:

'I love it here.'

'I like the small number of patients. You can get more involved.'

'It's a home before it's a business.'

'It's a great place to work.'

'It's the best.'

i.4.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the home which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- identified chairs ripped
- rusting bin frames
- no covering on identified pull cords
- un-cleanable shelving in use.

The above issues were discussed with the registered manager on the day of inspection. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A previous recommendation, that management systems were put in place to ensure compliance with best practice in infection prevention and control, has been stated for a second time.

During a tour of the premises, four of nine vanity units observed in patients' bedrooms were in disrepair with bare wood exposed. One door was not attached to the vanity unit. This was discussed with the registered manager and an assurance was given to identify and repair/redecorate vanity units found to be in disrepair. A recommendation was made.

Other areas requiring attention such as general redecoration throughout the home and the poor condition of skirting boards in a bathroom was observed on inspection. The registered manager confirmed they will discuss these issues with the new provider when the takeover of Rockfield is completed.

i.4.3. Nurse Call Provision

During a tour of the premises, it was noted that two of the patients had no access to a call bell to request staff assistance. This was discussed with the registered manager who advised that some of the patients were unable to use call bells and for some they presented as a risk. A review of the above patients' care records did not reflect the removal of the call bell.

It is essential that individual patient records reflect the decision making for each patient in a person centred way; and where risks are identified, other options enabling patients to summon staff assistance are explored and put in place. A recommendation was made.

i.4.4. Mealtime Experience

The mealtime experience for patients appeared to be a pleasant one. Staff were observed to be encouraging and assisting patients with their meals appropriately. Patients who required appropriate clothing protectors were observed to be wearing them. Patients were offered a choice of meal; and drinks and food transferred to patients' rooms was covered on transfer. A menu was on the tables reflecting food served. The food was well presented and looked nutritious. Condiments were appropriately placed on the dining tables. Personal protective equipment (PPE) was worn by staff. Hand hygiene was available and utilised by staff. Mealtime was observed to be well supervised and well organised.

Areas for Improvement

It is recommended that damaged vanity units are identified and repaired/redecorated as required.

It is recommended that patient care records reflect decisions made in a person centred way such as the removal of a call bell and identify a plan of care to enable patient safety.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager, Ciara Power, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 36 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2016</p>	<p>A policy on communication should be developed which includes reference to current best practice guidelines.</p> <p>A system to implement the policies should confirm that all relevant staff have read the documents with evidence of staff signature and date.</p> <p>Ref: Section 5.2 Carried Forward From Previous Inspection</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A policy on communication to include reference to current best practice has been written and implemented. A document is in place at front of policyfile for all staff to sign and date after they have read and made themselves familiar with each individual policy..</p>
<p>Recommendation 2</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: Second time</p> <p>To be Completed by: 14 May 2016</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 5.2, 5.4.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Identified equipment has been removed and replaced. Wipeable wood has been purchased to replace shelving in linen stores. Pull cords have wipeable covers in place in bathrooms. Inappropriate storage has been addressed and will be monitored on daily walkaround. Residents chairs- the supplier has been contacted again regarding repairs required. Damaged areas are covered with impermeable product in the interim.</p>
<p>Recommendation 3</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be Completed by: 14 April 2016</p>	<p>The registered manager should ensure that bowel function, reflective of the Bristol Stool Chart, is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Admission records have been updated to reflect normal bowel habit in bristol stool format. This information is also included in the residents elimination care plan. Elimination records are maintained for all residents and recorded daily.</p>

<p>Recommendation 4</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be Completed by: 14 April 2016</p>	<p>Meaningful fluid targets should be calculated for patients and were these targets are not met, the actions taken to address the shortfall should be documented within the patient's care record.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Minimum fluid targets are calculated and nurses are to record actions taken to address shortfall in daily progress record.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: First time</p> <p>To be Completed by: 31 May 2016</p>	<p>Vanity units in disrepair should be identified and repaired/redecorated in a timely manner to enhance the patient experience of their room and prevent an infection control issue.</p> <p>Ref: Section 5.4.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A refurbishment plan is currently being developed by the new provider which will include replacing vanity units/wardrobes as identified.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 14 May 2016</p>	<p>The registered person should ensure that individual patient records reflect the decision making for each patient in a person centred way.</p> <p>Where risks are identified, such as the need to remove the call bell from the patient's room, other options enabling patients to summon staff assistance are explored and put in place.</p> <p>Ref: Section 5.4.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Call bells are in place in every residents room. Ensuring safety careplans have been developed for those residents identified as unable to use the call bell.</p>		
<p>Registered Manager Completing QIP</p>	<p><i>Ciara Powe</i></p>	<p>Date Completed</p>	<p>20/04/16</p>
<p>Registered Person Approving QIP</p>	<p><i>Brieg Heely</i></p>	<p>Date Approved</p>	<p>20/04/16</p>
<p>RQIA Inspector Assessing Response</p>	<p><i>Janet White</i></p>	<p>Date Approved</p>	<p>9/5/16</p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address