



Unannounced Care Inspection Report 3 September 2020



Rockfield Care Home

Type of Service: Nursing Home
Address: Windmill Road, Newry, BT34 2QW
Tel No: 02830 269546
Inspector: John McAuley

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 is a nursing home registered to provide care for up to 35 patients.

3.0 Service details

<p>Organisation/Registered Provider: Burnview Healthcare Ltd</p> <p>Responsible Individual(s): Briege Agnes Kelly</p>	<p>Registered Manager and date registered: Jaya shree Ajith – registration pending</p>
<p>Person in charge at the time of inspection: Jaya shree Ajith</p>	<p>Number of registered places: 35</p> <p>A maximum of 2 persons in category NH-MP and a maximum of 8 persons in category NH-PH.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 30</p>

4.0 Inspection summary

An unannounced inspection took place on 3 September 2020 from 09.50 to 14.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection 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)
- Care delivery
- Fire safety
- Governance and management

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 Jaya shree Ajith, manager, as part of the inspection process and can be found in the main body of the report.

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 the inspector met with 18 patients and seven staff. The inspector provided the manager with 'Have we missed you 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. Three responses were received (one from a relative and two from staff members). These responses were all positive and complimentary in regards to the provision of care in the home, staff teamwork and managerial support.

The following records were examined during the inspection:

- duty rota
- competency and capability assessments
- record of staff meetings
- safeguarding records
- IPC records
- fire safety risk assessment
- fire safety records
- care records
- Statement of Purpose
- monthly monitoring records
- accident and incident reports
- staff training
- quality assurance audits

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that nursing staff record a meaningful evaluation of the care delivered in relation to clinical observations recorded post falls and wound care.	Met
	Action taken as confirmed during the inspection: An inspection of care records with corresponding incidents of falls and wound care confirmed these were evaluated in a meaningful manner.	
Area for improvement 2 Ref: Standard 11 Stated: First time	The registered person shall ensure the programme of activities displayed reflects the activities delivered in the home; and that arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.	Met
	Action taken as confirmed during the inspection: This was confirmed to be in place.	

6.2 Inspection findings

6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence. A sample of two of these assessments was inspected. These were appropriately maintained and reviewed with the staff member on a six monthly basis. This is good practice

Staff spoke positively about their roles and duties, staffing, the provision of training, managerial support, teamwork and morale. Staff stated that they felt patients received a good standard of care and were treated with respect and dignity.

Observations of care practices found these to be organised and unhurried. This included ancillary staff such as housekeeping, catering and maintenance.

Inspection of records of staff meetings, found these were maintained on an up-to-date, informative basis.

6.2.2 Safeguarding patients from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations. Matters relating to this were discussed with the manager who also demonstrated good management and oversight of this.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.3 Environment

The home was clean and tidy throughout. The décor and furnishings were well maintained. Patients' bedrooms were comfortable and tastefully furnished with many nicely personalised. Communal areas were comfortable and spacious with appropriate furnishings. Bathrooms and toilets were clean and hygienic.

The grounds of the home were very well maintained, with good accessibility for patients to avail of.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

6.2.5 Fire safety

The home's most recent fire safety risk assessment was dated 9 December 2019. This assessment had corresponding evidence recorded in response to recommendations made.

Fire safety checks on the environment were maintained on a regular and up-to-date basis. Fire safety training and fire safety drills for staff was also maintained on an up-to-date basis.

6.2.6 Care practices

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. Staff were attentive to patients' needs and requests for assistance.

Staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

Patients were dressed well with obvious attention given to personal hygiene and care needs.

A planned programme of activities was in place with patients who partook found to have enjoyment and fulfilment from same.

Feedback from patients was positive in respect of the provision of care, their relationship with staff and manager, the provision of meals and activities. Some of the comments made included the following statements:

- "I couldn't complain about a thing here. They are all very good to me....I like the food to."
- "They are lovely here and kind. Everyone one of them specially the staff on today."
- "I am very happy here. It is first class."
- "No faults. Everything is grand."
- "There's not a thing wrong with this place. It's bright, lovely and clean. Staff are good and you can get what you what to eat."
- "It's great here. I love (staff member), she warms your heart."

For those patients who could not articulate their views due to frailty, they appeared comfortable and well cared for. Staff were observed to spent time with these patients, supporting their care needs and there was a nice ambience in their bedrooms, such as appropriate genres of music in place.

6.2.7 Dining experience

Observations of the supervision and assistance with the dinner time meal found that this was undertaken in a kind, caring manner with patients' individual needs being catered for. The dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for.

A menu was displayed appropriately with provision of choice and alternative.

Patients spoke positively and favourably on the provision of meals.

The kitchen was clean and tidy with clear evidence of home baking being undertaken.

6.2.8 Care records

An inspection of three patients' care records was undertaken. Care plans and reviews were well written and up-to-date. Records were individualised to the needs of the person. They included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

6.2.9 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose.

Regulatory documentation was well organised and accessible in terms of inspecting and auditing. This is good practice.

We reviewed the two most recent monthly monitoring reports for June 2020 and July 2020. It was noted that while these reports had been signed by the responsible individual, they had been completed by the manager. We discussed this with the responsible individual following the inspection and highlighted that these reports should not be completed by the manager so as to ensure they are completed in an independent and robust manner. Assurances were received from the responsible individual following the inspection that, moving forward, these reports would be completed by an appropriate person in keeping with regulation.

An inspection of accident and incident reports from 16 January 2020 was undertaken. These events were found to be managed and reported appropriately.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene and IPC. These were completed regularly and any areas for improvement were identified and addressed.

Areas of good practice

Areas of good practice were found in relation to staffing, managerial support, upkeep of the environment and maintenance of regulatory documentation.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

There was a nice atmosphere in the home, with care tasks and duties organised and unhurried manner. Patients were comfortable, content and at ease in their environment and interactions with staff and appeared well cared for. Positive feedback was received from patients and staff throughout this inspection.

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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)