

Inspection Report

8 June 2021



Rockfield Care Home

Type of Service: Nursing Home
Address: Windmill Road, Newry, BT34 2QW
Tel No: 028 3026 9546

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual(s): Mrs Brieger Agnes Kelly	Registered Manager: Mrs Jaya shree Ajith Date registered: 27/08/2020
Person in charge at the time of inspection: Mrs. Jaya shree Ajith	Number of registered places: 35
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.	Number of patients accommodated in the nursing home on the day of this inspection: 27
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 35 persons. Patient bedrooms are located all on the one floor over three corridors from one central reception area. Patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection was conducted on 8 June 2021, from 9.50am to 2.45pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

No areas requiring improvement were identified during this inspection.

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.

Comments received from patients, two visiting relatives and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Rockfield Care Home was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 inspection findings, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, two visiting relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Mrs. Jaya shree Ajith, Registered Manager and Mrs Biege Kelly, Responsible Individual, at the conclusion of the inspection

4.0 What people told us about the service

During the inspection we spoke with 18 patients, two visiting relatives and eight five staff. No questionnaires were returned and we received no feedback from the staff online survey. Patients spoke highly on the care that they received and on their interactions with staff. Patients confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. Staff acknowledged the difficulties of working through the COVID – 19 pandemic but all staff agreed that Rockfield Care Home was a good place to work. Staff were complimentary in regard to the home's management and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Rockfield Care Home was undertaken on **03 September 2020** by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. Discussions with the manager confirmed she had good knowledge and understanding of the legislation and standards pertaining to the safe recruitment and selection of staff. All staff were provided with a comprehensive induction programme to prepare them for working with patients.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular and up-to-date mandatory and additional training in a range of topics.

Staff said there was good team work and that they felt well supported in their role. Staff also said that they were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any person in charge of the home has a competency and capability assessment in place. This competency and capability assessment is reviewed with staff annually.

Staff stated that there was enough staff on duty to meet the needs of the patients. The manager also stated that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, residents were able to have a lie in and breakfast in bed.

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

One patient said "It's a lovely home. Everything is so very good. I love my room and the staff are all very kind and good."

There were safe systems in place to ensure staff were recruited and trained properly; and those residents' needs were met by the number and skill of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Inspection of staff training records confirmed that all staff had completed adult safeguarding training on an up-to-date basis. Staff stated they were confident about reporting concerns about patients' safety and poor practice, and that they understood the whistle-blowing policy.

Inspection of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats, safety side to beds and kirton chairs. Inspection of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that patients who had capacity were actively involved in the consultation process and could give informed consent. This was good practice. Staff had attended specialised training to ensure they were aware of what restrictive practices were and how to ensure if they could not be avoided that best interest decisions were made safely for all patients.

Staff were observed to be prompt in recognising patients' needs and any early signs of request for assistance, including those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be polite, friendly, warm and supportive. Staff were seen to seek patients' consent with delivering personal care with statements such as; "Would you like to...or can I help you with..."

There were systems in place to ensure that patients were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping patients safe.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was clean and tidy with a good standard of décor and furnishings being maintained.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. The home's most recent fire safety risk assessment was dated 10 February 2021. This had corresponding evidence recorded to confirm that the three recommendations from this assessment had been addressed.

Inspection of staff training records and fire safety records confirmed that fire safety training and safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

There was good evidence of personalisation and a programme of upkeep and redecoration in place as required.

5.2.4 How does this service manage the risk of infection?

The manager described the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Inspection of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patients' care records were maintained which accurately reflected the needs of the patients. The nurses on duty had good knowledge of individual patients' needs, their daily routine wishes and preferences.

Inspection of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. For example, when a patient has had a fall it is good practice to complete a review to determine if anything more could have been done to prevent the fall. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to additional assistance from staff. During the dining experience, it was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunchtime meal was a pleasant and unhurried experience for the patient.

Two patients said the following statements; “Everything’s very good here and so is the food.” And “That was a great dinner. The food here is always good.”

Two visiting relatives spoke with praise and gratitude for the provision of care and the kindness and support given by staff.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet these needs; and included any advice or recommendations made by other healthcare professionals. The care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients’ relatives, if this was appropriate.

Patients’ individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each of their care needs and what or who was important to the individual.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. This review should include the patient, the home staff and the patient’s next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Discussion with patients confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of choice. Patients were seen to be comfortable and at ease in their environment and interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Patients commented positively on the activity provision in the home.

Spiritual / pastoral care of patients was largely led by a designated member of staff, who was undertaking such a role at the time of this inspection. Patients were seen to be in fulfilment with this and this provision of care is commendable.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager and they felt that they would be received positively in this respect.

There has been no change in the management of the home since the last inspection. A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, environmental cleaning and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

An inspection of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. Accidents and incidents were monitored on a monthly basis to establish if there were any patterns or trends.

Confirmation of regular visits by the Responsible Individual was provided in the form a monthly report on the quality of services and care provided by the home. Any concerns or actions were noted within the report with action completion dates recorded. Sample reports of visits April 2021 and May 2021 were inspected and found to be maintained in informative detail. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The Responsible Individual arrived in the home at the time of this inspection to undertake the visit for June 2021.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Jaya shree Ajith, Registered Manager and Mrs Biege Kelly, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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