



Unannounced Enforcement Care Inspection Report 9 September 2019



Rockfield Care Home

Type of Service: Nursing Home (NH)
Address: Windmill Road, Newry, BT34 2QW
Tel No: 02830269546
Inspector: Michael Lavelle

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 35 patients.

3.0 Service details

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual(s): Briega Agnes Kelly	Registered Manager: Loida Nepomuceno
Person in charge at the time of inspection: Natalia Balut, deputy manager	Date manager registered: 19 February 2019
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 registered places: 35 A maximum of 2 persons in category NH-MP and a maximum of 8 persons in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 9 September 2019 from 09.30 hours to 14.45 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess the level of compliance achieved in relation to three Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulation were in relation to the health and welfare of patients, staffing and the governance and management arrangements in the home. The date of compliance with the notices was 9 September 2019.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000060 issued on 9 July 2019

FTC ref: FTC000061 issued on 9 July 2019

FTC ref: FTC000062 issued on 9 July 2019

There was evidence of some improvement and progress made to address the required actions within the notices. However, we were unable to validate full compliance with the above FTC Notices.

RQIA senior management held a meeting on 9 September 2019 and a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with the notices must therefore be achieved by 9 October 2019.

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	*1	0

*The total number of areas for improvement include one which has been carried forward for review at the next care inspection.

This inspection resulted in no areas for improvement being identified.

An extension of the FTC Notices resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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 including finance issues, registration information, and any other written or verbal information received.

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.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 9 September 2019
- three patient care records
- incident and accident records
- a selection patient care charts including personal care charts, fluid intake charts and reposition charts
- supervision and appraisal records
- staff training records
- a sample of governance audits/records.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 June 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 June 2019

Quality Improvement Plan		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate action required	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control. Ref: 6.2.1	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.2.1</p>	Met
<p>Action taken as confirmed during the inspection: Review of the environment confirmed that that all chemicals are securely stored in keeping with COSHH legislation.</p>		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times.</p> <p>Ref: 6.2.1</p>	Met
<p>Action taken as confirmed during the inspection: Review of the environment confirmed that oxygen cylinders are stored in a safe and secure manner.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that information included in patients' care plans are shared with all relevant staff in the home. This is in relation to the identified patient's nutritional records.</p> <p>Ref: 6.2.1</p>	Met
<p>Action taken as confirmed during the inspection: Review of records confirmed systems were in place to ensure the content of nutritional records were shared with the appropriate staff in the home.</p>		

6.3 Inspection findings

FTC Ref: FTC000060

Notice of failure to comply with Regulation 13 (1) (a) and (b) of The Nursing Homes Regulations (Northern Ireland) 2005

13.-

*(1) The registered person shall ensure that the nursing home is conducted so as –
 (a) to promote and make proper provision for the nursing, health and welfare of patients;
 (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients*

In relation to this notice the following six actions were required to comply with this regulation.

- the registered person must ensure that falls are managed in accordance with best practice, regional guidelines and protocols
- the registered person must ensure that a falls policy is developed to guide staff on the actions to be taken following a fall
- the registered person must ensure that registered nursing staff are provided with training relevant to their role and responsibilities in relation to the completion and management of patient care records
- the registered person must ensure that patients care records are completed within five days of admission to the home
- the registered person must ensure that patients care records are individualised, accurately reflect patients assessed needs and are kept under review
- the registered person must ensure supplementary care records are reflective of care planning directions and are completed contemporaneously

Evidence was not available to validate compliance with this FTC Notice as detailed below.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

Review of one care record evidenced that post fall actions were taken and recorded in line with best practice guidance. The falls policy reviewed had been updated in July 2019 and discussions with staff confirmed they were aware of what actions to take following a fall. There was evidence that record keeping training had been delivered to staff in July 2019. Although there had been no new admissions to the home since the previous care inspection, discussion with staff and management confirmed there was a system in place to ensure patients care records are completed within five days of admission to the home. We evidenced that supplementary care records were completed contemporaneously and reflected the assessed needs of patients. Minor gaps were identified on some of the records reviewed and this was discussed with the deputy manager for action as required.

Progress had been made regarding the development of patient care records and there was very good evidence of multidisciplinary involvement. However, we identified deficits in wound management. Review of records for an identified patient confirmed care plans had not been written to reflect professional recommendations. In addition there were gaps in wound assessment and evaluation. There was further evidence that some risk assessments had not been completed in a timely manner.

Based on the evidence the decision was made by RQIA to extend the date for compliance with this FTC Notice to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 9 October 2019.

FTC Ref: FTC000061

Notice of failure to comply with Regulation 20 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

20.—(1) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

(a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;

In relation to this notice the following five actions were required to comply with this regulation.

- the registered person must ensure the registered manager has sufficient management hours to ensure effective quality monitoring and governance systems are implemented and maintained
- the registered person must ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients
- the registered person must ensure that a robust system for staff appraisal and supervision is implemented and sustained
- the registered person must ensure that the effect of the training provided in relation to IPC and COSHH is evaluated to assure that the necessary improvements have been made
- the registered person must ensure that registered nurses are able to demonstrate their knowledge and safe practice in relation management of medicines

Evidence was not available to validate compliance with this FTC Notice as detailed below.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

Discussion with staff and review of the duty rota confirmed that there were sufficient management hours allocated to ensure effective governance arrangements in the home. Review of the duty rota also confirmed there were adequate staffing arrangements to meet the needs of the patients. Supervision and appraisals were ongoing. Review of records confirmed

that most staff have had an annual appraisal; those who have not have had a date identified to complete this. In addition, most staff have had two supervisions and registered nurses have been allocated to complete supervision for care staff. Discussion with registered nurses confirmed they have received training regarding medicines management and were aware of their responsibilities regarding safe practice in relation management of medicines. There was evidence that learning had been shared since the previous care inspection.

There had been training regarding the control of substances hazardous to health (COSHH) and infection prevention and control (IPC). However we were unable to evidence that the effect on practice had been evaluated to assure improvements had been made. For example, there was limited evidence that any audits had been carried out to demonstrate improvement.

Based on the evidence the decision was made by RQIA to extend the date for compliance with this FTC Notice to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 9 October 2019.

FTC Ref: FTC000062

Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

10.-

(1) The registered provider and the registered manager shall, having regards to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry out or manage the

In relation to this notice the following five actions were required to comply with this regulation.

- the registered person must ensure that the registered manager or her representative delivers services effectively on a day-to-day basis in accordance with legislative requirements
- the registered person must ensure that RQIA is notified of all incidents/accidents occurring in the home in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. This includes retrospective notification of events identified during the inspections on 28 June 2019
- the registered person must ensure that the registered manager establishes, implements and sustains robust quality monitoring and governance systems in relation to care records, falls, restrictive practice, IPC and COSHH
- the registered person must ensure that the use of keypad locks within the home is reviewed in conjunction with guidance from the Department of Health on Human Rights / Deprivation of Liberty and the home's registered categories of care
- the registered person must ensure that a copy of the monthly monitoring reports is submitted on a monthly basis to RQIA until further notice. This should be with RQIA no later than three days after the last day of the month

Evidence was not available to validate compliance with this FTC Notice as detailed below.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

We evidenced effective management and service delivery day to day basis in the home. A number of audits were completed to assure the quality of care and services; areas audited included care records, falls, medicines management, IPC and COSHH. Restrictive practices were audited as part of the care records audit. We encouraged the management to audit all restrictive practices including the use of lap belts and alarm mats. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required. Signage had been displayed beside electronic keypads in the home displaying the codes required to exit the building. Copies of the monthly monitoring reports were submitted to RQIA on a monthly basis as requested.

During review of records we identified a number of accidents and incidents which had not been notified to RQIA in accordance with the regulations. The responsible individual must ensure these records are audited and submit any further notifications with due haste.

Based on the evidence the decision was made by RQIA to extend the date for compliance with this FTC Notice to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 9 October 2019.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was not available to validate compliance with the four Failure to Comply Notices. However, there was evidence of some improvement and progress made to address the required actions within the notices.

Following the inspection, RQIA senior management held a meeting on 9 September 2019. The decision was made to extend the date for compliance with the Three FTC Notices to the maximum legislative timeframe of three months. Compliance with the notices must therefore be achieved by 9 October 2019.

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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