

Inspection Report

10 May 2022



Rockfield Care Home

Type of service: Nursing Home
Address: Windmill Road, Newry, BT34 2QW
Telephone number: 028 3026 9546

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Burnview Healthcare Ltd	Registered Manager: Mr Gabriel Neculau
Responsible Individual(s): Mrs Briege Agnes Kelly	Date registered: 14 March 2022
Person in charge at the time of inspection: Mr Gabriel Neculau	Number of registered places: 35 A maximum of 2 persons in category NH-MP and a maximum of 8 persons in category NH-PH.
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: 34
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 35 patients. The home is over one floor with four corridors of bedroom accommodation extending from a central reception area.	

2.0 Inspection summary

This unannounced inspection was conducted on 10 May 2022, from 9.50am to 2.40pm 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.

There was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Staff promoted the dignity and well-being of patients with kind, caring interactions. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

No areas of improvement were identified at this inspection. The one area identified as needing improvement was addressed immediately.

Feedback from patients was all positive in respect of their life in the home and their relationship with staff. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Rockfield Care Home was safe, effective, 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 areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection

4.0 What people told us about the service

During this inspection 24 patients were met with. In accordance with their capabilities all confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and social activities.

Feedback from returned resident/representative questionnaires was all positive.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

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 08 June 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of two staff members' recruitment record confirmed that these were completed satisfactorily in accordance with legislation.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory and additional training needs were met by all staff on a regular and up-to-date basis, as appropriate. Staff spoke positively about the provision of training and said that their training needs were also identified at supervision and appraisal.

Records of staffs' registration details with the Nursing & Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis and showed evidence of staffs' up-to-date registration details.

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

The staff duty rota accurately reflected 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 member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of a sample of one staff member's assessment found these to be comprehensive in detail to account for the responsibilities of this role. Staff competency and capability assessments are reviewed annually with staff. This is good practice.

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 with the provision of meals and dietary needs.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Two patients made the following comments; "It's very good here and so are the staff. I feel safe here." and "I am very content and happy here. No complaints."

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. The comfort needs of frailer patients were seen to be regularly attended to.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were seen to engage with patients' consent with statements such as "Would you like to..." and "Are you okay with..." when delivering personal care.

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were appropriately managed. There was evidence of appropriate onward referral as a result of the post falls review and with their GP.

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 may include simple encouragement through to full assistance from staff.

The dinner time meal was presented nicely and was appetising and nutritional. There was a good provision of choice including those patients who needed specialist diets. 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 evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

A pre-admission assessment is carried out by the manager so as to ensure any potential patient to the home care needs can be met. This was discussed with the manager in respect of actual visits. Following the initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Patients 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 patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. Issues of assessed need had a recorded statement of care/treatment given with effect(s) of same.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

There is currently a programme of redecoration being undertaken. A new ceiling has been installed in the reception area, with new flooring and paintwork. Other areas of the home are to be painted, with new flooring and new handrails. There was found to be no detrimental impact to patients with this work being undertaken at the time of this inspection.

The home was clean and tidy with no malodours. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

A chair was identified in a poor state of repair but this was immediately removed with confirmation from the responsible individual that this would be replaced.

Cleaning chemicals were maintained safely and securely.

Visiting arrangements were managed in line with Department of Health (DoH) and Infection Prevention & Control (IPC) guidance.

Fire safety records were well maintained with up-to-date fire safety checks in the environment, fire safety drills and fire safety training for staff. The manager reported that the home's most recent fire safety risk assessment was on 14 April 2022 and the report of this assessment was yet to be published but there were no recommendations from this assessment.

There was evidence that there were systems and processes 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).

Review 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.

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.

5.2.4 Quality of Life for Patients

Patients were seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a nice atmosphere and ambience with patients enjoying the company of one another and staff, relaxing and watching television. One patient said, “I am very well cared for. It’s a lovely peaceful place, yet there is plenty going on.”

The spiritual care needs of patients were being facilitated for those patients who wished to participate.

The genre of music and television played was in keeping to patients’ age group, tastes and choices.

Comments from patients included the following two statements, “It’s first class here. I am very happy and the staff are great.” and “All’s well here. The staff are very kind and care for you well.”

5.2.5 Management and Governance Arrangements

Mr Gabriel Neculau is the manager of the home since 14 March 2022. He was joined by the responsible individual, Mrs Briege Kelly during this inspection. Staff spoke positively about the management of the home, saying that they was readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen.

A review of the record of accidents and incidents found these to be appropriately recorded and reported to all relevant stakeholders. The manager carries out a monthly audit of all accidents and incidents to establish if there are any patterns of trends and need for corresponding actions.

The manager undertakes a comprehensive list of quality assurance audits including monthly audits of skin care issues, restrictive practices, mattresses and environmental.

The home is visited each month by the responsible individual. A report is then published of these visits for relevant parties to examine. A review of the last two monthly monitoring visit reports found these to be well maintained with corresponding action plans put in place to address any issues identified.

The manager explained that expressions of complaint were seen as a forum for improvement and were taken serious and would be effectively managed. Records of complaint were recorded appropriately.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Gabriel Neculau, manager and Mrs Briege Kelly, responsible individual, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

Assurance, Challenge and Improvement in Health and Social Care