

Inspection Report

12 September 2023



Rockfield Care Home

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Burnview Healthcare Ltd	Registered Manager: Mr Gabriel Neculau
Responsible Individual: Mrs Briege Agnes Kelly	Date registered: 6 January 2023
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: 33
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 operates over one floor.	

2.0 Inspection summary

An unannounced inspection took place on 12 September 2023, from 10am to 3.20pm 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.

Care was seen to be delivered in a kind, caring manner and patients were seen to be comfortable, content and at ease in their interactions with staff and environment.

Patients said that living in the home was a good experience.

No areas requiring improvement were identified during this inspection.

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.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Mr Gabriel Neculau at the conclusion of the inspection.

4.0 What people told us about the service

Patients confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. One patient made the following comment; "That Manager is a pure gentleman and so is all the staff. I love it here and I am cared for great."

Staff spoke in positive terms about the provision of care, staffing levels and workload, the teamwork, training and the managerial support.

One visiting relative said that they were happy with the care provided and the kindness and support received from staff.

No questionnaires were returned in time for inclusion to this report.

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 23 June 2022 by a pharmacy inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

All nursing and care staff are registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC), as appropriate. Checks are maintained on a monthly basis of these registrations.

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

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 residents with a choice on how they wished to spend their day.

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke positively on the provision of training. Mandatory training for staff was maintained on an up-to-date basis. One recently appointed staff member described their programme of induction as a positive experience.

Any nurse who has the responsibility of being in charge of the home, in the absence of the Manager has a competency and capability assessment in place for this responsibility.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive. The atmosphere was relaxed, pleasant and friendly.

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 observed to be prompt in recognising patients' needs and any early signs of distress, including those patients who had difficulty in making their wishes or feelings known.

Care records were maintained safely and securely.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

Falls in the home were monitored monthly to enable the Manager to identify if any patterns were emerging which in turn could assist the Manager in taking actions to prevent further falls from occurring.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and / or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff described how they were made aware of patients' individual nutritional and support needs, including recommendations made by the Speech and Language Therapist (SALT).

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

Care records were maintained safely and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Residents' bedrooms were comfortable and suitably facilitated. Communal areas were suitably decorated and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The laundry department was tidy and organised.

The grounds of the home were nicely maintained.

Evidence was in place to confirm that the recommendations made from the fire safety risk assessment dated 13 April 2023 was addressed.

Fire safety training, safety drills and checks in the environment were maintained on an up-to-date basis.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

General observations of care practices confirmed that patients were able to choose how they spent their day. Patients were seen to be comfortable, content and settled in their surroundings and in their interactions with staff. Two patients made the following comments; “The staff are very good and it is very peaceful” and “The staff are very good and so is the care. I feel very safe.”

Patients were engaged in their own activities such as; watching TV, resting or chatting to one another. Additional to this, the activities co-ordinator described how activities were facilitated on a one to one or small group basis for those patients who wished to partake. Two patients warmly described a recent event where vintage cars visited the grounds of the home.

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

One visiting relative said they were very happy with the care provided in the home and the kindness and support received from staff.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Gabriel Neculau has been the registered manager in this home since 6 January 2023.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk. Discussions with staff confirmed knowledge of who to report concerns to. Staff also said that they would have no hesitation in reporting concerns to the Manager and felt that such actions would be taken seriously.

A review of the records of accidents and incidents which had occurred in the home found that these were managed and reported to the relevant stakeholders correctly.

Review of the record of complaints and discussions with the Manager, confirmed that expressions of complaint were taken seriously and managed appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. These included audits of infection prevention and control, care records and care practices.

The home was visited each month by the responsible individual provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports are available for review by patients, their representatives, the Trust and RQIA.

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



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