



# Unannounced Follow Up Care Inspection Report 16 January 2020



## Rockfield Care Home

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

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Burnview Healthcare Ltd  <b>Responsible Individual(s):</b> Briega Agnes Kelly	<b>Registered Manager and date registered:</b> Jayashree Ajith – registration pending
<b>Person in charge at the time of inspection:</b> Jayashree Ajith	<b>Number of registered places:</b> 35  A maximum of 2 persons in category NH-MP and a maximum of 8 persons in category NH-PH.
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 33

### 4.0 Inspection summary

An unannounced inspection took place on 16 January 2020 from 11.15 hours to 16.15 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, maintaining patient's dignity and privacy and maintaining good working relationships.

Two new areas for improvement were identified in relation to record keeping/evaluation of care and activity provision.

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
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jayashree Ajith, manager, and Briega Kelly, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 9 October 2019

The most recent inspection of the home was an unannounced enforcement care inspection undertaken on 9 October 2019. Evidence was available to validate compliance with the Failure to Comply Notices which were issued on 9 July 2019.

No further actions were required to be taken following this inspection.

#### 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, registration information, and any other written or verbal information received, for example, serious adverse incidents.

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.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 13 January 2020
- a sample of incident and accident records
- three patient care records
- a sample of governance audits/records
- a sample of environmental and equipment cleaning records
- a sample of reports of visits by the registered provider.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of practice, examination of records and review of the environment evidenced this area for improvement has been met.	

There were no areas for improvement identified as a result of the last medicines management inspection conducted on 2 May 2019.

### 6.2 Inspection findings

#### Staffing levels

Discussion with the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. The manager also confirmed they had successfully recruited additional nursing and care staff since the last care inspection.

A review of the duty rota for week commencing 13 January 2020 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

We saw that there was sufficient staff on duty to meet the needs of patients. Care staff we spoke with expressed no concerns regarding staffing levels in the home.

## **Management of falls and wounds**

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We examined the management of patients who had had a fall. Review of one patient's records evidenced that their fall was managed in keeping with best practice guidance. Although there was no evidence that the clinical observations taken post fall were considered by nursing staff when evaluating daily care.

The management of wound care was also reviewed. Patient care records confirmed that nursing staff were managing wounds in keeping with best practice guidelines. We asked the manager to ensure an individual care plan was in place for each identified wound to ensure clear recording and evaluation. However, the evaluation of care was not consistent. Details were discussed with the manager who confirmed that this would be addressed with staff during the next planned staff meeting. An area for improvement was made.

## **The environment**

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Review of records confirmed a system was in place to record cleaning of patient equipment and the environment. However, some gaps in recording were evident in the equipment cleaning records. This was discussed with the manager for action as required.

Compliance with infection prevention and control (IPC) had been generally well maintained. However, we saw that two toilet seats and a laundry bin required replacing. Details were discussed with manager who agreed to address these matters immediately after the inspection.

In the dining room we saw one tin of thickening agent for food and fluids to be stored out in the open. As these are a prescribed medicine we asked the manager to address this immediately. We were assured that she had before the conclusion of the inspection.

We saw that patients were served drinks in plastic tumblers. Observation of the patient dining areas confirmed that glassware was available. One patient spoken with said:

"I would prefer a glass instead of a plastic tumbler to drink out of."

This was discussed with the manager and responsible individual during feedback and we asked that patient choice, regarding glassware, be taken into consideration during mealtimes.

## Consultation

During the inspection we spoke with six patients, one patient's relative, one visiting professional and five staff. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients said,

"I like it here. They are good to me."

"I am getting on well. I couldn't say a bad word about this place."

"I just had lunch and it was lovely."

"It is first class. I wouldn't leave here."

"The staff are good. They treat me with dignity and respect. I don't have to wait when I press the buzzer."

"I like this place. They are very friendly staff. The food is excellent, it is clean and tidy and the rooms are comfortable."

The relative spoke positively in relation to the care provision in the home. They said:

"Everyone is friendly. I find the care very good."

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we received one response within the timescale specified. The respondent was very satisfied with the care provided across all four domains.

The visiting professional spoken with said:

"It's very good. The staff have good records and you always have someone to go to."

Comments from five staff spoken with during the inspection included:

"I love it here. I love the wee patients here."

"The atmosphere is very good. The patients are very happy and they are comfortable."

"I find the communication is good and we help each other. There is a good improvement in documentation and the teamwork is better."

We reviewed the compliments file within the home. Some of the comments recorded included:

"I am writing to thank you and your staff for your care of our relative. We very much appreciated that you and your team were able to keep them comfortable and free from pain and in familiar surroundings."

## Activities provision

The staff we spoke with had a good knowledge and understanding of the need for social and leisure opportunities to support patients' health and wellbeing. However, we were not assured that robust arrangements were in place to deliver activities in the absence of the activity co-ordinator. Staff had not been allocated to deliver activities on the day of the inspection and review of the activity board displayed in the home evidenced that it had not been updated for three days. This was discussed with the manager who confirmed plans were in place to develop the activities offered in the home. An area for improvement was made.

## Governance arrangements

There was evidence that the manager had oversight of the day to day working in the home. For example, a number of audits were completed to assure the quality of care and services. Areas audited included the environment/IPC, hand hygiene, care records and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed as required.

We discussed ways the manager could enhance the current governance systems particularly with regards to the management of wounds and developing an action plan for the IPC audit. The manager agreed to review this.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the registered provider in accordance with the relevant regulations and standards.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

Areas of good practice were identified in relation to the culture and ethos of the home, maintaining patient's dignity and privacy, fire safety and governance arrangements.

## Areas identified for improvement:

Two new areas for improvement were identified in relation to record keeping/evaluation of care and activity provision.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jayashree Ajith, manager, and Briega Kelly, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.



## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> 16 February 2020	<p>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.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            This has been addressed at the most recent Nurses Meeting and followed up with Advanced Care Planning Training which is arranged for today (06.02.2020)</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 16 February 2020	<p>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.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            We are implementing a new shift pattern for our weekly Activities and we have made the staff aware of the importance of updating the Activity Display Board on a daily basis..</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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