



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

28 June 2019



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

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual: Briege Agnes Kelly	Registered Manager and date registered: Loida Nepomuceno 19 February 2019
Person in charge at the time of inspection: Loida Nepomuceno	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: 32

4.0 Inspection summary

An unannounced care inspection took place on 28 June 2019 from 09.15 hours to 18.00 hours.

During the inspection serious concerns were identified in relation to the quality of management and governance arrangements in the home; health and welfare of patients, in particular care planning and staffing. These deficits had the potential to impact on the quality of care delivered in the home.

As a consequence of our findings, following the inspection the responsible individual and the registered manager were invited to attend a meeting in RQIA on 8 July 2019, with the intention of issuing three failure to comply notices in regards to patients health and welfare, staffing and the governance and management arrangements in the home.

The meeting was attended by Briege Agnes Kelly, Responsible Individual.

The responsible individual outlined the actions that would be taken to address the concerns identified. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made and were concerned about the potential impact this may have on the delivery of care in the home.

As a result three failure to comply notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005.

Four areas for improvement identified during the care inspection of 19 November 2018 were stated for a second time. These related to infection prevention and control practices, control of substances hazardous to health, safe storage of oxygen cylinders and nutritional records.

Further details of areas for improvement identified during the inspection are included within the main body of this report and formed part of the failure to comply notices issued on 4 June 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	*2	*2

*The total number of areas for improvement includes four which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Loida Nepomuceno, registered manager, and Briege Agnes Kelly, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection and three Failure to Comply with Regulations notices were issued. Details of the findings of inspection are recorded below.

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.

4.2 Action/enforcement taken following the most recent inspection dated 2 May 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 May 2019. No further actions were required to be taken.

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 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.

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 24 June 2019
- staff training records
- incident and accident records
- four patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- a sample of reports of visits by the registered provider
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement reviewed, two were met. Three areas for improvement which were partially met or not met have been subsumed into the failure to comply notices issued on 9 July 2019. A further three areas for improvement which were partially met or not met have been stated for a second time and are included in the QIP at the back of this report.

6.2 Inspection findings

6.2.1 Health and welfare of patients

The previous care inspection of 22 February 2018 identified deficits with regard to the falls management, development of care records and updating of risk assessments.

During the inspection of 28 June 2019 deficits were identified in the management of falls in the home. Review of one patient's care record evidenced medical advice was not sought following a head injury sustained as a result of a fall. In addition our review of additional records confirmed clinical and neurological observations were not consistently taken in keeping with NICE best practice guidance. There was also a lack of evidence of guidance for staff on the actions to be taken following a fall.

Concerns were identified regarding the quality of care records which failed to provide sufficient detail to guide and direct staff in the specifics of patient care. Review of care records for two patients recently admitted to the home demonstrated that a full selection of care plans had not been developed to meet the patient's needs.

Concerns were also identified regarding completion of supplementary care records. Gaps were identified in repositioning and skin check records and records were not recorded contemporaneously. A number of risk assessments had not been updated in line with planned care. In addition deficits were identified in the records for administration of topical medicine for two identified patients.

As a result of the above findings, a failure to comply notice was issued on 9 July 2019 with regard to a breach of regulation 13(1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

Observation of practice, discussion with staff and review of records evidenced that the infection prevention and control measures identified during the care inspection of 19 November 2018 were generally well addressed. However, we identified deficits in relation to the use of personal protective equipment (PPE), hand hygiene and standard infection prevention and control (IPC) precautions. We also observed the domestic trolleys to be dirty and heavily cluttered; one of the domestic trolleys was missing a handle. This was discussed with the registered manager and had been stated as an area for improvement under the regulations during the care inspection of 19 November 2018; this is stated for a second time.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm and clean. Fire exits were observed to be clear of clutter and obstruction.

A domestic trolley containing substances hazardous to health was observed to be unattended in one of the lounge areas. This was highlighted to the staff at the time of inspection who took immediate action. Multiple oxygen cylinders were also observed stored in an unsafe manner. Both issues were discussed with the registered manager and had been stated as areas for improvement during the care inspection of 19 November 2018; these are stated for a second time.

Review of records retained in the kitchen for patients on modified diets evidenced that although they reflected the new international dysphasia diet standardisation initiative (IDDSI) terminology, they did not contain the names of all the patients in the home. In addition, there was no evidence the records had been reviewed since January 2019. This was discussed with the registered manager and had been stated as an area for improvement during the care inspection of 19 November 2018; this is stated for a second time.

Areas for improvement

Concerns identified in respect of falls management, development of care records and updating of risk assessments formed part of the failure to comply notices in regards to Regulation 13(1) (a) and (b).

Four areas for improvement under the regulations were stated for a second time in relation to infection prevention and control practices, control of substances hazardous to health, safe storage of oxygen cylinders and nutritional records.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Staffing

Our previous care inspection of 22 February 2018 identified deficits with regard to the provision of staff. Review of the duty rota from week commencing 24 June 2019 and discussion with the registered manager confirmed that at times the registered manager was working on a number of occasions as a care assistant in the home to supplement short notice absence.

Some staff spoken with stated there was not enough staff and this would have an impact on the patients. For example, they would answer a patient's buzzer in a timely manner but might have to go back to them as they are dealing with another patient; or they may not get some patients out of bed until after midday. One patient spoken with stated,

"Sometimes I have to wait five, 10 maybe 15 minutes for the buzzer to be answered."

One relative spoken with also commented on staffing levels. They stated,

"Sometimes staff are understaffed. If they are short they are not getting replaced. That is the only concern I would have. The workload appears to have increased with more dependent patients."

We reviewed staffing levels on the day of the inspection and found there were sufficient staff on duty to meet the needs of the patients in a timely manner.

Staff supervision and appraisal was not being maintained in line with regulations and care standards; this had been identified as an area for improvement during the previous care inspection on 19 November 2018.

Whilst training had been delivered to staff in the management of Control of Substances Hazardous to Health (COSHH) and Infection Prevention and Control (IPC) some concerns are raised that the training was not fully embedded into practice. IPC and COSHH deficits had been identified as an area for improvement during the previous care inspection on 19 November 2018.

Concerns were raised in regards to medicine management. Medicines were observed to be left unattended on top of medicine trolley and thickening agents were not appropriately secured. One medicine trolley was left unattended and was unable to be locked due to a broken mechanism. Staff confirmed this trolley had been broken since 8 May 2019.

As a result of the above findings, a failure to comply notice was issued on 9 July 2019 with regard to a breach of regulation 20 (1) (a) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.3 Care delivery and patient/relatives views

Staff demonstrated a good knowledge of patients' wishes and preferences 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. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Consultation with eight patients individually, and with others in smaller groups, confirmed they were happy and content living Rockfield Care Home. Some of the patient's comments included,

"It's lovely. You couldn't get any nicer. Good food and the girls have great manners. The girls work very hard."

"It's a good place. I like it here."

"The staff are very good and it's very clean."

"Great spot."

"Everyone is so nice and good."

"The staff are great and the food is excellent."

Five patient questionnaires were provided, none were returned in the expected timeframe. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Five relative questionnaires were provided and staff were asked to complete an online survey; we had no responses within the timescale specified. Two relatives were spoken with during the inspection. They indicated they were satisfied with care. Further comments included,

"It's first class in every way."

"The care is good."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

6.2.4 Management and governance arrangements

During the inspection of 28 June 2019 we were concerned that the quality of management and governance within the home was insufficiently robust to assure the quality of service provided. The areas of concern include the following;

- review of records identified multiple events that had not been notified to RQIA in accordance with regulations
- care record audits failed to identify the deficits in care planning and record keeping previously referenced

- audits maintained failed to ensure that infection prevention and control (IPC) and control of substances hazardous to health (COSHH) training was embedded into practice
- locking mechanisms had been applied to external exit doors and the door to the homes garden. Whilst signage to indicate the key code for exit was provided, it was very small and difficult to read especially for patients or their representatives with visual impairment. Patients care plans did not reflect the use of exit restrictions.

As a result of the findings a failure to comply notice was issued on 9 July 2019 with regard to a breach of Regulation 10(1) of the Nursing Homes Regulations (Northern Ireland) 2005.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Loida Nepomuceno, registered manager, and Briege Agnes 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.

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>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: Staff have attended Infection Prevention Control and is ongoing.</p>
<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>
	<p>Response by registered person detailing the actions taken: Staff have attended training on COSHH and is ongoing</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<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>
	<p>Response by registered person detailing the actions taken: Oxygen was delivered on the day of the Inspection at approximately 2.30pm. 1 nurse on duty was aware of the delivery, however this nurse was responding to questions from the Inspector. The nurse that had the keys to the secure oxygen store was on her lunch break. The oxygen was put in the Treatment room (which is locked at all times) in the intermin period. After the nurse returned from her lunch break all oxygen was put in the oxygen store which is next door to the treatment room. We do not agree that oxygen was in an unsafe place.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</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>
<p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: The nutritional records were updated and displayed in the kitchen for our cook/chief to refer to. However we did identify that when the Home Manager updated the list after each new admission the date was not changed from the excell sheet on the computer. This appeared misleading but has been rectified.</p>

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



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