



# Unannounced Follow Up Care Inspection Report 16 May 2018



## Rockfield

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

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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 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 registered to provide nursing care for up to 38 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Burnview Healthcare Ltd  <b>Responsible Individual(s):</b> Briege Agnes Kelly	<b>Acting Manager:</b> Loida Nepomuceno
<b>Person in charge at the time of inspection:</b> Loida Nepomuceno	<b>Date manager registered:</b> Loida Nepomuceno – Application not submitted
<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 registered places:</b> 34  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 16 May 2018 from 09.30 to 15.30 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

The following areas were examined during the inspection:

- staffing – including deployment
- monitoring of nursing staff registration status
- adult safeguarding
- environment
- care records in relation to falls management, deprivation of liberty, wound care, risk assessment and care planning
- staff training
- auditing.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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>	*2	*2

\*The total number of areas for improvement includes two under regulation which have been stated for a third and final time and one under standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Loida Nepomuceno, acting manager, 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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven patients and 10 staff. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- staff training records
- incident and accident records
- five patient care records
- a selection of governance audits
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 12 March 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 22 February 2018

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 12 (1) (a) and (b)  <b>Stated:</b> Second time	The registered provider must ensure that registered nurses monitor patient observations in the event of a head injury, in accordance with best practice guidance and professional standards, for example; post falls management guidance.	<b>Not met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of accident records evidenced that this area for improvement continues not to be met.</p> <p>This area for improvement has not been met and has now been stated for the third and final time following consultation with senior management in RQIA.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) <b>Stated:</b> Second time</p>	<p>The registered person shall review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registration categories.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of three patient care records evidenced that this area for improvement is now met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 12 (1) (a)(b) <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two patients' care records pertaining to wound management evidenced that this area for improvement continues not to be met.</p> <p>This area for improvement has not been met and has now been stated for the third and final time following consultation with senior management in RQIA.</p>	<b>Not met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 21 (5) (d) (i) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust system is in place to monitor the registration status of nursing staff in accordance with NMC.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a review of records evidenced that the system to monitor the registration status of nursing staff was now robust.</p>	<b>Met</b>

<b>Area for improvement 5</b> <b>Ref:</b> Regulation 14 (4) <b>Stated:</b> First time	The registered person shall ensure that all allegations pertinent to safeguarding are reported to the relevant Trust safeguarding team immediately by the relevant staff in accordance with regional guidance and the homes policy and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There had been no further allegations pertinent to safeguarding since the last care inspection. Discussion with the manager and staff evidenced their knowledge of reporting concerns in line with their roles and responsibilities within the home.	
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person shall ensure that doors leading to rooms which pose a hazard to patients must remain locked at all times when not in official use and that COSHH regulations are adhered too at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During a review of the environment, all doors leading to rooms containing potential hazards to patients had been appropriately locked. Chemicals were not accessible to patients within the home.	
<b>Area for improvement 7</b> <b>Ref:</b> Regulation 12 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that patients' risk assessments are updated appropriately in accordance with best practice and professional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three patients' care records evidenced that risk assessments within had been updated and reviewed appropriately.	
<b>Area for improvement 8</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time	The registered person shall ensure that patient care plans are developed in a timely manner from admission.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a recently admitted patient's care records evidenced that the appropriate care plans had been developed following risk assessment completion.	

<b>Area for improvement 9</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time	The registered person shall ensure that the identified patient's care plans are updated to reflect the change of the patient's condition and treatment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The identified patient was no longer residing in the home. A review of a second patient's care records, in relation to the area similar to that of the identified patient, evidenced that the care plans had been updated to reflect change and were current.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39 <b>Stated:</b> Second time	The registered person shall ensure that practical elements in training on basic life support and manual handling are conducted and in an effective and timely manner in line with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of training records evidenced that this area for improvement is now met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> Second time	The registered person shall ensure that a system to clearly identify shortfalls within patient care record audits is developed and that there is evidence of an action plan and a review of action planning were appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a review of auditing records evidenced that new auditing documentation had been introduced which clearly identified shortfalls, actions to be taken in response to the shortfall and a review of the actions taken.	



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the staffing arrangements in the home to ensure that at all times there are sufficient staffing levels and skill mix to meet the assessed needs of patients.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager evidenced that patient dependency levels were monitored and informed the staffing levels and skill mix in the home. Discussion with staff evidenced that there were no concerns with the current staffing arrangements.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all equipment in use in the home is maintained clean at all times. This specifically is in reference to the decontamination of hoist slings between patient use.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and the manager confirmed that additional slings had been ordered to promote individual sling use in the home. Staff confirmed that communal sling use in the home was minimal, though, staff also confirmed that they did not have the means in which to decontaminate slings between use.</p> <p>This area for improvement has been partially met and has been stated for the second time.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a system is developed to record when a patients' catheter leg bag has been changed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Evidence was available to confirm when patients' catheter bags had been changed and when they were due to be changed.</p>		

<b>Area for improvement 6</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that the monthly monitoring visit will focus on the progress made with the areas for improvement identified within the quality improvement plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the most recent monthly monitoring report evidenced a review of progress made of the areas contained within this quality improvement plan.	

### 6.3 Inspection findings

#### Staffing arrangements

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

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. A review of the staffing rota for week commencing 7 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. However, the rota did not clearly indicate the identity of the nurse in charge in the absence of the manager. This was discussed with the manager and identified as an area for improvement.

#### Areas of good practice

An area of good practice was the staffing level and skill mix on duty to attend to the needs of patients.

#### Areas for improvement

An area for improvement was identified under standards in relation to the identification of the nurse in charge of the home in the absence of the manager on the duty rota.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### Monitoring of registration status

Registration checks in accordance with NMC were conducted monthly on all registered nurses employed in Rockfield. All registered nurses were live on the register. The manager confirmed that they would seek evidence of registration prior to the date of expiry.

### Areas of good practice

An area of good practice was in relation to the verification of professional registration. An area for improvement in this regard has now been met.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### Adult safeguarding

There have been no incidents in the home since the last care inspection which would have required a referral to the adult safeguarding team. Discussion with the manager and staff and a review of training records has confirmed that 30 out of 38 staff have completed updated safeguarding training in 2018. Staff were aware of incidences of safeguarding concern which should be reported and staff were also aware of who to report concerns to depending on their role within the home.

### Areas of good practice

An area of good practice was in relation to staffs' knowledge of safeguarding concerns which should be reported and knowledge of who to report concerns to.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 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, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment. One patient commented on how clean the home always was. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with best practice in infection prevention and control had been well maintained. However, staff did confirm that they did not have any product available to decontaminate communal slings between patient use. This was discussed with the manager and an area for improvement made at the previous care inspection has been stated for the second time. Storage areas where potential hazards were contained had been appropriately locked and inaccessible to patients. An area for improvement in this regard has been met at this inspection.

### Areas of good practice

An area of good practice was in relation to the ongoing maintenance of the home.

## Areas for improvement

An area for improvement under standards in relation to the decontamination of slings has been stated for the second time.

No new areas for improvement were identified during the inspection.

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

## Care records and care practice

A review of a recently admitted patient's care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Two additional patients' nutritional and pressure damage risk assessments were reviewed and these records indicated that the risk assessments had been reviewed on a monthly basis or more often as required.

Two patients' care records pertaining to wound care were reviewed. The first patient's records had been recorded well. The second patient's records were not adequate to deliver the appropriate care and monitoring of the wound. Wound dimensions had not been recorded on the initial assessment or thereafter. The wound care plan did not contain sufficient information. This was discussed with the manager and an area for improvement in this regard has now been stated for the third and final time.

Two patients' accident records were reviewed where the patient sustained or had the potential to sustain a head injury. The first patient's records had been recorded well and in accordance with best practice. Accident reports had been completed and care plans updated in relation to both accidents. The second patient's care records reflected that the management of the fall was appropriate at the time of the fall and for four hours following the fall. Care records made no further reference to the fall following these four hours. There was no evidence that the next of kin was informed of the fall. Furthermore, there was no evidence that any further neurological observations were checked following this four hour period. This was discussed with the manager and an area for improvement in this regard has been stated for the third and final time.

Three patient care records were reviewed in relation to the use of a front door exit keypad. All three patients had a deprivation of liberty care plan developed which clearly demonstrated how their needs in this regard would be met.

## Areas of good practice

An area of good practice was in relation to the completion and review of risk assessments.

## Areas for improvement

Areas for improvement made under regulation in relation to wound care and post falls management have been stated for the third and final time.

No new areas for improvement were identified during the inspection.

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

### Staff training

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Staff also confirmed that they had received practical training on moving and handling and basic life support. Records indicated that 26 staff had completed first aid training and 33 staff had completed practical moving and handling training. The manager confirmed that further sessions had been planned to ensure that staff, who were unable to attend previous training, could avail of the training.

### Areas of good practice

An area of good practice was in relation to staff uptake in the training provision.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### Auditing of care records

Discussion with the manager and a review of records evidenced that new auditing documentation had been implemented. Shortfalls were clearly identified within the new audit records and there was provision to review actions taken in response to the identified shortfalls.

### Areas of good practice

An area of good practice was the development of new auditing documentation.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### Consultation with patients, staff and patient representatives

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Rockfield was a positive experience. Ten patient questionnaires were left for completion. No patient questionnaires were returned.

Patient comments:

- “It is very good. Staff are very obliging and very mannerly.”
- “The food is lovely and the staff are good to us.”
- “Good home. Dead on here. Staff are very nice and friendly. It’s very clean.”
- “The food is always good here.”
- “It’s grand here.”

No patient representatives were consulted during the inspection. No patient representative questionnaires were returned.

Staff were asked to complete an online survey, we had no responses within the timescale specified. Comments from 10 staff consulted during the inspection included:

- “I love it here, I would hate to leave it.”
- “I’m enjoying it here.”
- “Sometimes can be stressful especially if staff ring in sick.”
- “I like it here.”
- “It’s great.”

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

### Areas of good practice

An area of good practice was the positive interaction between staff and patients referenced by patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 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, acting manager, 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 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 DHSSPS 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>The registered provider must ensure that registered nurses monitor patient observations in the event of a head injury, in accordance with best practice guidance and professional standards, for example; post falls management guidance.</p> <p>Ref: Sections 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Nurses have been reminded with best practice guidelines and professional standards of post falls managements that includes a 24 hours CNS observation.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: Sections 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Nurses are reminded to adhere with the legislative requirements, minimum standardss and professional guidance in regards of monitoring and documenting wound care.</p>
<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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>The registered person shall ensure that all equipment in use in the home is maintained clean at all times. This specifically is in reference to the decontamination of hoist slings between patient use.</p> <p>Ref: Section 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Registered provider have provided 3 additional slings for service user's individual use to prevent communal or between patient use . All staff are reminded to adhere with the strict Infection control policy of the Home by maintaining all equipments clean after each use. Ultrabak spray (anti bacterial) are in use for decontamination.</p>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>The registered person shall ensure that the nurse in charge of the home in the absence of the manager is clearly identified on the duty rota.</p> <p>Ref: Section 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Nurse in charge of the day is now clearly highlighted and identified in the duty rota.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal*



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