



Unannounced Care Inspection Report 19 November 2018



Rockfield

Type of Service: Nursing Home
Address: Windmill Road, Newry, BT34 2QW
Tel No: 028 3026 9546
Inspectors: Dermot Walsh and Julie Palmer

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual(s): Briega Agnes Kelly	Registered Manager: See below
Person in charge at the time of inspection: Loida Nepomuceno	Date manager registered: Loida Nepomuceno - registration pending.
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 registered places: 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 19 November 2018 from 09.30 to 17.45 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.

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, training and development, adult safeguarding, accident management, risk assessment, care planning and shift handover. Further good practice was found in relation to teamwork, maintaining good working relationships and with the delivery of compassionate care.

Areas requiring improvement under regulation were identified in relation to compliance with best practice in infection prevention and control (IPC) and with compliance with Control of Substances Hazardous to Health (COSHH) legislation. Areas for improvement under standards were identified in relation to staff appraisals and supervisions, storage of oxygen cylinders, patients' access to call bells, complaints, nutritional records and with the recording of repositioning.

Patients described living in the home in positive terms. Some of their comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	6

Details of the Quality Improvement Plan (QIP) were discussed with Loida Nepomuceno, 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 dated 2 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspectors met with nine patients, seven staff and one patient's representative. 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 inspectors provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 12 November 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 2 July 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 16 May 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
Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: Third and final 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.	Met
	Action taken as confirmed during the inspection: A review of accident and patient care records following a fall evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 12 (1) (a)(b) Stated: Third and final time	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.	Met
	Action taken as confirmed during the inspection: A review of wound management records evidenced that this area for improvement has been met. See section 6.5 for further information.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Criteria (2) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff confirmed that all patients have been issued with their own slings. Staff confirmed that two slings which were used communally were decontaminated between use.	

Area for improvement 2 Ref: Standard 41 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the duty rota evidenced the nurse in charge of the home in the absence of the manager was clearly identified.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 12 November 2018 evidenced that the planned staffing levels were adhered to. Staff rotas confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rockfield. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patient, though, staff also confirmed that on occasions staffing levels were affected by short notice leave. The manager confirmed that short notice leave was managed through the home's policy and procedures. 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.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Staff confirmed that they completed an induction period at the commencement of employment to allow them to work alongside an experienced member of the team, in a supernumerary capacity, to assist them in gaining knowledge of the home's policies and procedures. Two staff consulted were of the opinion that the allocated induction time was not long enough. The staffs' concerns were passed to the manager for their review and action as appropriate.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. A system was evident to ensure compliance with mandatory training compliance. 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

A system was not evident in the home to ensure that staff received an annual appraisal and a twice yearly supervision. This was discussed with the manager and identified as an area for improvement.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified and had attended training pertinent to the role.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted to RQIA in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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, fresh smelling, well decorated and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

The following issues were identified which were not managed in accordance with best practice guidelines in IPC:

- signage not laminated
- use of tape to secure notices to walls/doors
- sharps box stored on floor and in an open position
- unclean hand towel dispensers
- hoists not cleaned effectively
- shower chairs not cleaned effectively following use
- toilet seat broken/pads missing
- toilet cistern cracked
- rusting shower chairs and toilet aids
- three staff observed not bare below the elbow when delivering care.

The above issues were discussed with the manager and identified as an area for improvement under regulation.

Four oxygen cylinders were observed in an identified room stored in an unsafe manner. This was discussed with the manager and identified as an area for improvement.

Chemicals were observed accessible to patients in an identified room. This was discussed with the manager and identified as an area for improvement to ensure compliance with COSHH legislation.

During the review of the environment a patient was observed in their bedroom where they had no access to a call bell to summon help or assistance if required. The patient had been positioned in their preferred place in the room which was away from the call point. The importance of ensuring that all patients, where appropriate, have the means to summon assistance when alone in their bedroom was discussed with the manager and identified as an area for improvement. The patient was provided with means to sound the call bell immediately when identified with the manager.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, training and development, adult safeguarding and accident management.

Areas for improvement

Areas were identified for improvement under regulations in relation to compliance with best practice in IPC and with compliance with COSHH legislation.

Areas were identified for improvement under standards in relation to staff appraisals and supervisions; storage of oxygen cylinders and with patients’ access to call bells.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included, “Best team ever”. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

As previously stated, appropriate risk assessments had been conducted on admission; reviewed as required and had informed care plans. We reviewed three patient care records for the management of nutrition, falls and wound care.

Wound care records had been maintained in accordance with best practice. An initial wound assessment had been completed and had informed the wound care plan. The wound care plan had been updated appropriately to reflect the wound dressing regime. A body map had been completed. Progress of the wound had been recorded well at the time of wound dressing on ongoing wound observation records. An area for improvement in this regard has now been met.

As previously stated, accident records had been maintained appropriately following a fall. The patient’s falls risk assessment and falls care plan had been updated following the fall.

However, a review of one patient’s care records in respect of nutrition contained conflicting information. The patient’s care plan did not correspond with the records maintained in the kitchen. This was discussed with the manager and identified as an area for improvement.

Supplementary care records such as bowel management and patients’ food and fluid intake records were reviewed. Records reviewed had been completed contemporaneously. There were inconsistencies within repositioning records in regards to the position the patient had been positioned to. There was also no evidence of a skin check on repositioning records. This was discussed with the manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, care planning, handover and teamwork.

Areas for improvement

Areas for improvement were identified under standards in relation to nutritional records and repositioning records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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.

Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A notice displayed in the home evidenced the arrangements in place to meet patients' religious and spiritual needs.

The lunchtime experience for patients within a dayroom was observed. Food had been covered when transferred to the dayroom. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Patients consulted were very complimentary in regards to the food in the home.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"To all the staff at Rockfield. We are very grateful for all you have done for"

"Thank you for all you did during my stay."

"Thank you to all the carers and nurses for the great care given to"

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Rockfield was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments included:

"They (the staff) are very nice. Couldn't say a word against them. The food is very good here."

"Everybody is very nice. Food is very good."

"It is very relaxed here. Staff are nice."

"I find it good here. There is a nice atmosphere. Great food."

"I love it here. They (the staff) are great people."

"I am very happy here. I have great friends here."

"It's great here."

One patient representative was consulted during the inspection. They commented, "The home is fantastic. Staff are fantastic. We are always kept up to date with ... care." Ten relative/representative questionnaires were left for completion. None were returned.

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

"For me, it is great here."

"I enjoy my job."

"Not too bad here."

"We have time for our patients here."

"It's good."

"I enjoy working here. I'm happy."

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and staff, and observations confirmed that the home was operating within its registered categories of care.

RQIA are currently progressing an application for the registration of the manager in Rockfield.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the manager. An area for improvement in this regard has now been met.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced shortfalls. Complaints records had not been updated sufficiently to evidence actions taken in response to the complaint. This was discussed with the manager and identified as an area for improvement.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care and infection prevention and control practices.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

There were examples of good practice found throughout the inspection in relation to management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified under standards in relation to complaints management.

	Regulations	Standards
Total number of areas for improvement	0	1

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, 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 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: First time</p> <p>To be completed by: 19 December 2018</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: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff have been spoken to by the Home Manager and advised to improve their standards on infection control as per policies.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 6.4</p>
	<p>Response by registered person detailing the actions taken: One door that had a pad coded lock (but snib) was on. Staff have been told to use the secure coded lock at all times. The other door has now a key lock and is secure at all times too.</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 40</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2019</p>	<p>The registered person shall ensure that a system is evident to ensure that staff appraisals are conducted annually and that staff supervisions are conducted twice yearly.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Progress had been made on staff appraisals and a reminder on computer and a paper copy in appraisal file</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Full oxygen cylinders are stored in the treatment room with a secure chain and lock. Empty ones are stored in another room with a wood partition around them.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall undertake a review to ensure that call bells are accessible to patients who wish to remain in their bedroom so that they may summon help or assistance when required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This was addressed immediately after the inspection and staff made aware to be more vigilant.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</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: 6.5</p> <p>Response by registered person detailing the actions taken: List of individual diet assessments are in each residents care plan and a list is displayed in the kitchen for cook/chef reference</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2018</p>	<p>The registered person shall ensure that repositioning records are completed in full to include the position in which the patient has been positioned and include evidence of regular skin checks.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Home Manager has spoken to the staff with reference of the importance of observing the skin and completing all columns in the turning/skin check charts.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 16 Criteria (11)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all complaints received are appropriately recorded and managed.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All complaints that are received were properly documented in complaint book, however outcomes were not always entered into the complaints book. This will be immediately improved.</p>

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



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