The Regulation and Quality Improvement Authority

Inspection Report

29 August 2024

Cornfield Care Centre

Type of Service: Nursing Home
Address: Green Lane and Castle Lane Suites, 51a Seacoast Road, Limavady, BT49 9DW
Telephone number: 028 7776 1300

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider: Cornfield Care Centre **Registered Person:** Mr Marcus Jervis Nutt	**Registered Manager:** Mrs Claire Gormley **Date registered:** 13 January 2017
Person in charge at the time of inspection: Mrs Claire Gormley	**Number of registered places:** 52 Comprising a maximum of 26 patients in categories NH-I, NH-PH and NH-PH(E) accommodated within the general nursing unit and a maximum of 26 patients in category NH-DE accommodated within the dementia unit. The home is also approved to provide care on a day basis to two persons.
Categories of care: Nursing (NH): I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	**Number of patients accommodated in the nursing home on the day of this inspection:** 52
Brief description of the accommodation/how the service operates: Cornfield Care Centre is a registered nursing home, which provides nursing care for up to 52 patients. The home is divided in two units over one ground floor level. Castle Lane provides care for patients living with dementia and Green Lane provides care under the general category of nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 29 August 2024, from 9:30 am to 5:40 pm by two care inspectors.

The inspection assessed progress with the 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.

Patients said they felt well cared for and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

It was positive to note that the areas for improvement from the previous care inspection have been met; one area for improvement in relation to medicines management has been carried forward for review at a future inspection. Areas for improvement identified during this inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are great", "Very happy here", "Getting well cared for", "I'm spoilt in here", "This place is just lovely" and "There is enough staff around if I need them".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "Everyone works really well as a team", "I love working here", "Staff morale is good", "Staffing levels are fine most of the time but really does depend on the patients as their needs can change and more staff are needed" and "Good

support from management who are very supportive and approachable". There was no response from the staff on-line survey.

Two visitors spoken with during the inspection commented positively about the overall care delivery within the home. Comments included: "The staff are friendly and welcoming", "I am for ever grateful to the staff here", "The staff do their best" and "The staff are so good".

Eight questionnaires were received following the inspection. The respondents were very satisfied with the overall provision of care. Comments included: "The care provided by Cornfield, I would say is exceptional", "The staff are also like a second family to me, they're so welcoming and kind", "Great staff", "Everything a resident needs is provided and more", "The care has always been excellent", "The activities are very engaging", "Food quality is very nutritional and excellent" and "Very happy".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 October 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that a regular system of date checking is in place to ensure that medicines are not administered after their expiry date.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure that where a patient requires repositioning, charts reflect the frequency of repositioning as detailed within the care plan; provide the position the patient has been changed to and are consistently signed by the relevant staff.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement had been met.	

Area for improvement 2 **Ref:** Standard 44.1 **Stated:** First time	The registered person shall ensure that the underneath of armchair cushions and the surface of mattresses are kept clean.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 3 **Ref:** Standard 5.3 and 5.4 **Stated:** First time	The registered person shall review the practice of locking the dining room door within the dementia unit outside of meal times and ensure that any reasons and decisions for restrictive practice are risk assessed and included in patients care plans.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 4 **Ref:** Standard 16.11 **Stated:** First time	The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined.	**Met**
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 5 **Ref:** Standard 35 **Stated:** First time	The registered person shall ensure that all deficits identified within IPC audits are included within the action plan, which also details the person responsible for addressing the action, the time frame and follow up.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of audits and discussion with the manager evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Review of a sample of staff recruitment records evidenced that whilst relevant checks were mostly completed prior to commencing employment; a discussion was held with the management team to ensure that the registration status of staff is checked prior to employment where necessary and that all relevant forms are signed and dated. Following the inspection, written confirmation was received that relevant action had been taken to address this.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Competency and capability assessments for the nurse in charge in the absence of the manager were completed.

Monthly checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. As mentioned above in section 4.0, comments were received from staff in relation to staffing levels. This was discussed with the management team who advised that staffing levels would continue to be reviewed in accordance with the assessed needs of the patients.

A record of staff supervisions and appraisal was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patients care records evidenced that these were mostly well maintained. However, some staff were using the twelve-hour clock whilst others were using the twenty four-hour clock. A discussion was held with the management team who agreed that a more consistent approach was required and following the inspection, written confirmation was received that relevant action had been taken to address this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller/larger portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available and a pictorial menu was displayed within the dining rooms.

Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT). Whilst staff displayed a good knowledge of patients' dietary needs and were observed supervising the dining rooms during meals; there was no mealtime co-ordinator to oversee the delivery of meals. The management team agreed to allocate a competent person as the mealtime co-ordinator going forward. Following the inspection, written confirmation was received that relevant action had been taken to address this.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Review of a sample of care records evidenced that they were mostly well maintained, however, a number of care plan evaluations were not person centred and contained repetitive statements. Details were discussed with the management team and an area for improvement was identified.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, neat and tidy and fresh smelling. Patient's bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were well maintained with areas for patients to sit.

Whilst most areas of the home were clean, a small number of areas/items required review, for example; the carpet within the corridor area of Castle Lane; chairs and cupboard doors within a dining room; zimmer frames; bedlinen and a mattress pump. These, and any other areas identified were discussed in detail with the management team who agreed to have these areas reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address these issues with ongoing monitoring by management to ensure sustained compliance.

There was inappropriate storage of patient equipment within some en-suites and two hoist slings were observed on the floor of a store room. This was discussed with the manager who immediately had these issues addressed and agreed to monitor going forward.

Water surface damage was observed to a ceiling and the wallpaper within an identified bedroom; some bedroom walls required painting and/or repair to wallpaper; and the carpet in an identified bedroom was uneven. Details of these and any other environmental/maintenance related issues were discussed with the management team who confirmed that there was ongoing refurbishment in the home and that action would be taken to ensure these issues are addressed. Following the inspection, written confirmation was received that relevant action had been taken to address these issues.

The storage and administration of a prescribed topical cream for one patient was discussed in detail with the management team. This information was shared with the RQIA pharmacy inspector. Following the inspection, both verbal and written assurances were provided that relevant action had been taken to address this.

Review of the most recent fire risk assessment completed on 26 June 2024 evidenced that actions required had been signed off by management as having been completed. There was evidence that fire evacuation drills had been completed and a system was in place to ensure that all staff attend at least one fire evacuation drill yearly.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

Observation of staff practices evidenced that two staff were not bare below the elbow in keeping with infection prevention and control (IPC) best practice. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

An activity schedule was on display within the home providing a variety of activities. The activity person was very enthusiastic in their role and was observed positively engaging with patients and encouraging them to participate in activities. During the inspection a musical sing along was provided in the morning; patients appeared to enjoy this. In the afternoon patients were accompanied by staff on a bus outing. Other patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as: “The food is great and plenty of choices”, “The food is lovely” and “Plenty of food and really nice.”

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The manager said they felt well supported by senior management and the organisation.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained.

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1*	2

* The total number of areas for improvement includes one regulation that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediately and ongoing (28 February 2023)	The registered person shall ensure that a regular system of date checking is in place to ensure that medicines are not administered after their expiry date. Ref: 5.1 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 29 August 2024	The registered person shall ensure that the evaluation of patients care plans are meaningful and person centred. Ref: 5.2.2 **Response by registered person detailing the actions taken:** To be discussed at upcoming nurses meeting on 30.09.2024 in relation to ensuring evaluation of care plans are person centred.
Area for improvement 2 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 29 August 2024	The registered person shall ensure that staff are bare below the elbow in keeping with IPC best practice. Ref: 5.2.3 **Response by registered person detailing the actions taken:** Regular infection control and hand hygiene audits remain on-going. Supervision of staff to be identified accordingly.

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