

# Unannounced Care Inspection Report 26 October 2020



## Corriewood Private Clinic Ltd - Croob Cottage

**Type of Service: Domiciliary Care Agency**  
**Address: 119 Clonvaraghan Road, Castlewellan, BT31 9LA**  
**Tel No: 028 4377 8579**  
**Inspector: Corrie Visser**

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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

Corriewood Private Clinic Ltd, Croob Cottage is a domiciliary care agency where the service users live in rented bungalows on site. The agency is situated within Seeconnell Private Village, located close to Castlewellan. The agency provides care and support to adults with learning difficulties and enduring mental health issues.

The agency aims to support service users to live as independently as possible. The agency's staff support service users with personal care, medication, meal preparation and other support tasks. Service users live in self-contained cottages; the agency's office is located separately from the homes of the service users. The care is commissioned by the Southern Health and Social care Trust (SHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Corriewood Private Clinic Limited	<b>Registered Manager:</b> Mr Peter McKibben - acting
<b>Responsible Individual(s):</b> Mrs Angela Eileen McKeever	
<b>Person in charge at the time of inspection:</b> Peter McKibben	<b>Date manager registered:</b> Peter McKibben - application received - registration pending.

### 4.0 Inspection summary

An unannounced inspection took place on 26 October 2020 from 10.15 to 15.45 hours.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the inspection on 29 November 2019 RQIA have not completed a primary inspection. In response to this, RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

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

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that three incidents had taken place since the previous inspection on 29 November 2019. We examined the records and found that the agency had dealt with the incidents in accordance with its own procedure and policy.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

No areas for improvement were identified during this inspection.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC), care records, management of incidents and staff supervision.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

#### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Peter McKibben, manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 29 November 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 November 2019.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

Following our inspection we focused on contacting the service users, their relatives, staff and professionals to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included "Tell Us" cards, service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

Following the inspection we communicated with two service users, three staff members, one service user's relative and two professionals.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

We would like to thank the manager, service users, service user's relatives and staff and professionals for their support and co-operation throughout the inspection process.

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

## 6.0 The inspection

Areas for improvement from the last care inspection dated 29 November 2019		Validation of compliance
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards 2011		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.12  <b>Stated:</b> Second time	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.	<b>Met</b>
	<b>Action required to ensure compliance with this standard was reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
	<b>Action taken as confirmed during the inspection:</b> We reviewed the position paper between 1 April 2019 and 31 March 2020 and it was noted that there were comments included from all stakeholders. This report also made reference to RQIA inspections and noted the areas for improvements identified during inspections.	

## 6.1 Inspection findings

### Recruitment:

We reviewed five staff recruitment files and it was evident that all pre-employment checks had been undertaken before the staff member commenced employment, including Access NI. It was positive to note that the service was compliant with Regulation 13 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The dates of induction and the rota containing the shadow shifts were also included in the five recruitment files.

The NISCC matrix reviewed confirmed all staff were registered with NISCC. The manager advised that a system is in place to monitor the registration of all staff and reminders are sent to staff when they are due to renew their registration.

The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Staff also confirmed their knowledge of this when providing feedback.

### **Care Plans and Reviews:**

We reviewed three service users' file and it was positive to note that reviews of the service users' packages of care and progress were being undertaken by the agency on a yearly basis. Updated care plans were provided by SHSCT for the three service users reviewed which related to Covid-19. There were two care plans which had not been updated by the SHSCT however we were provided with correspondence from the manager to the key worker requesting that reviews be convened. It was positive to note that the agency had compiled a personal information sheet, a hospital passport and a personal emergency evacuation plan for the three service users. These documents were personal and tailored to the individual service user and their needs.

### **Supervision:**

The manager provided us with a supervision matrix which was created when he commenced post. Monthly supervision schedules were also compiled by the manager and to ensure the staffs' supervisions were kept up to date. Supervisions are being held on a monthly basis for all staff.

Comments from service users included:

- "I don't want to live here as I feel very isolated and want to be closer to my family, but that has nothing to do with the staff as they are all very helpful. I am just not used to the quietness up here and am used to living in a town."
- "I do the temperature checks of the other service users which gives me something to do."
- "Staff are all nice."
- "I get all the support I need."
- "They are there when I need them."
- "They come and check on me to make sure I am ok."

We also communicated with a service user who did not have any communication and responded by using hand gestures. We asked if they liked living at Croob Cottage and if the staff were nice and helpful. We got a lot of thumbs up responses.

We spoke to the manager in relation to the negative comments by one service user and it was explained that the service user's key worker is aware of their request of wanting to move closer to their family and a multidisciplinary meeting will be convened to discuss this further. This was relayed to the service user and it was understood.

Comments from service users' relatives included:

- "I am very happy with the care. The whole family are happy with the care being provided."
- "My relative has issues with eating but the staff handled it very appropriately and allowed me to bring food parcels to assist with this issue."
- "My relatives were in a dark place until they moved there and now there is light at the end of the tunnel for them both."
- "Some really good carers."
- "Communication is very good."
- "The carers are very fond of my relatives."

- “My relatives even attended one of the manager’s weddings.”
- “They are treated very well.”
- “It’s a very homely atmosphere.”

Comments from care workers included:

- “They are a very good company to work for.”
- “They take care of their staff.”
- “Management are very supportive.”
- “Training has moved to eLearning due to the pandemic but this is good as it means I can log back in and look at the information again.”
- “I really really enjoy my job.”
- “I feel we all have good relationships with our service users.”
- “If we are dealing with very challenging behaviour, staff is rotated to give people a break which is good.”
- “We got good guidance in relation to PPE.”
- “I like to think I hold the service users’ standard of care very high.”
- “I was observed three times doing medication before being signed off.”
- “Management are supportive and I can talk to them about anything.”
- “The work we do is very person centred.”
- “Stimulation is very essential for our service users.”
- “Routine is also very important for some service users.”

During discussions with the care workers, they referred to and spoke about the service users in a very caring and compassionate manner. They were also observed interacting with one service user in a very appropriate way and supported the service user to engage with us which should be commended.

Comments from professionals included:

- “I would have regular contact with the manager.”
- “The staff follow the care plans and if there are any changes required the manager contacts me.”
- “They have taken good precautions through Covid-19.”
- “There are very few issues with our service users in Croob.”
- “The staff are very supportive and have worked really well to protect our service users.”
- “I can lift the phone to them at any time.”
- “The new manager is very approachable and very pleasant to work with.”
- “Good communication.”
- “The staff are very good and have been provided with recommendations and support to work in the best way with the service users.”

Three relatives and one service user returned the questionnaires and two respondents were very satisfied that the care being delivered is safe, effective, compassionate and well led. One respondent was very satisfied that the delivery of care is safe and effective and undecided if it is compassionate or well led. One respondent reported they are very unsatisfied regarding all aspects of the care being delivered. It is noted that we spoke to this respondent on the day of inspection and it was made very clear that this service user felt isolated and was missing their family therefore the questionnaire reflected the comments on the day of inspection.

Comments on the questionnaires in relation to “Is there anything else you think we should know about any aspects of your care?” included:

- “In this time of ‘covid’ staff have made every effort to ensure my son’s setting is ‘covid’ free and safe through use of full PPE and implementing lockdowns.”
- “No. I know it has been talked about before.”

Five responses were received from staff members by way of the staff poster. Three of the respondents were very satisfied that the care being delivered is safe, compassionate, effective and well led. Two of the respondents were very satisfied that the care being delivered is safe and compassionate and were satisfied that the care is effective and well led.

Comments from staff members included:

- “I have worked in Croob Cottages for a while now and really enjoy my job. The team is great and are willing to help each other out. Our new manager and senior staff are very supportive and approachable and encourage us to put service users at the centre of our work.”
- “I started working here over lockdown and this is my first job in health and social care. I found the induction and training I have received to be really good and it gave me the knowledge I needed to work in a new environment. I find my work very rewarding and I can rely on my colleagues for help if I need it. The measures in place to safeguard staff and residents from Covid-19 are very good – there is always PPE available and we have been tested as a team on several occasions. While some shifts can be difficult and challenging, I know I can ask management for support/offer suggestions and my colleagues will help me as much as they can. It really is a nice place to work.”
- “Extremely happy with the service as an employee.”

## Covid-19

We spoke to the manager and to two staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.
- PPE storage and disposal.
- staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service



Based on feedback it was positive to note that staff are working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

### Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with NISCC, care records, management of incidents and staff supervision.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

### Areas for improvement

No areas for improvement were identified from this inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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