

Announced Post-Registration Premises Inspection Report

23 November 2017



Corriewood PNH

Type of Service: Nursing Home
Address: 3 Station Road, Castlewellan, BT31 9NF
Tel No: 028 4377 8230
Inspector: Gavin Doherty

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 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 which is registered to provide nursing care for up to 79 persons.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Responsible Individuals: Mrs Anne Monica Byrne Mrs M I McGrady	Registered Manager: Mrs Teresa Josephine McClean
Person in charge at the time of inspection: Mrs Teresa Josephine McClean	Date manager registered: 01 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 79 comprising: NH-DE,NH-MP,NH-LD,NH-LD(E),NH-I,NH-PH,NH-PH(E),NH-TI. A maximum of 7 patients in category NH-DE to be accommodated in the Oak Tree Suite, a maximum of 23 patients in category NH-LD/LD(E) to be accommodated in the Spring Well Suite and 4 identified patients in category NH-MP accommodated in the Wild Forest Suite. The home is also approved to provide care on a day basis to 2 persons.

4.0 Inspection summary

An announced inspection took place on 23 November 2017 from 10:00 to 12:30 hours

This inspection was underpinned by:

- The Nursing Homes Regulations (Northern Ireland) 2005.
- Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified since the pre-registration premises 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 the management of health and safety within the home, with well implemented governance arrangements in place and an overall commitment to ensure a safe environment is provided within the home.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Teresa McClean, registered 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 unannounced care inspection dated 5 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 5 September 2017. 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:

- recent inspection reports and returned QIPs
- recent correspondence with the provider
- the premises related incidents reported to RQIA since the last premises inspection

During the inspection the inspector met with Paul Hanna, facilities manager, & Teresa McClean, registered manager.

The following records were examined during the inspection:

- Fire risk assessment and associated maintenance documentation
- Legionella risk assessment and associated maintenance documentation
- Fixed electrical installation condition report
- Gas Safe certification
- Environmental Health inspection report
- Premises related engineering services reports and checks.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 September 2017

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified during this inspection.

6.2 Review of areas for improvement from the last premises inspection dated 9 December 2016

The last premises inspection was to register the accommodation associated with the final phase of the construction work undertaken at the home. All statutory approvals were in place at this time and the construction works had been completed to a very high standard. There were no areas for improvement made as a result of this inspection.

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.

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. Documentation relating to the maintenance and upkeep of these systems was reviewed during this premises inspection.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises and their private accommodation. This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The areas of the premises reviewed during this premises inspection were presented to a high standard. The accommodation was comfortable, clean, free from malodours and adequately lit throughout. Further redecoration and refurbishment of the original section of the home has been undertaken since the last estates inspection including day spaces, bedrooms, bathrooms and utility spaces. This ongoing commitment to improve the standard of the home is to be commended.

Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

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.

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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