Unannounced Follow Up Care Inspection Report
13 December 2018

Corriewood Private Clinic

Type of Service: Nursing Home (NH)
Address: 3 Station Road, Castlewellan, BT31 9NF
Tel No: 0284377 8230
Inspector: Michael Lavelle

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 nursing home registered to provide nursing care for up to 79 persons.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic **Responsible Individual(s):** M I McGrady Anne Monica Byrne	**Registered Manager:** Teresa Josephine McClean
Person in charge at the time of inspection: Lynne McGaw, registered nurse	**Date manager registered:** 1 April 2005
Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. I – Old age not falling within any other category. 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 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 unannounced inspection took place on 13 December 2018 from 09.05 hours to 17.00 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last care inspection on the 9 and 10 May 2018.

The findings of this report will provide Corriewood Private Clinic 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	*3	*3

*The total number of areas for improvement includes two under the regulations which have been restated for a second time, one under the care standards which has been restated for a second time and one which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Imelda McGrady, responsible individual, as part of the inspection process and with Teresa Josephine McClean, registered manager, during a phone call on 27 December 2018. 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 22 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. lay assessor was present during this inspection and their comments are included within this report.

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
- pre-inspection audit.

During the inspection we met with seven patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 3 December 2018 and 10 December 2018
- incident and accident records
- three patient care records
- a selection of supplementary care charts including food and fluid intake charts and personal care charts
- staff meeting minutes
- complaints records
- a sample of governance audits
- RQIA registration certificate.

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

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 22 October 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.

6.2 Review of areas for improvement from the last care inspection dated 9 and 10 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 13 (1) (a) (b) **Stated:** First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	**Not met**
	Action taken as confirmed during the inspection: Review of two care records evidenced this area for improvement has not been met. This is discussed further in 6.3 **This area for improvement is not met and is stated for a second time**.	

Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in section 6.4.	**Met**
	Action taken as confirmed during the inspection: Review of the environment and discussion with staff evidenced satisfactory improvements since the last care inspection.	
Area for improvement 3 **Ref**: Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This area for improvement is made with specific reference to sharps boxes.	**Not met**
	Action taken as confirmed during the inspection: Review of the environment in the Oaktree unit confirmed a sharps box was stored in an unlocked cupboard in a lounge area which patients had access to. **This area for improvement is not met and is stated for a second time**.	
Area for improvement 4 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure suitable arrangements for the secure storage/recording the administration of medicines. This area for improvement is made with specific reference to the storage of eye drops and the administration of topical medicines.	**Met**
	Action taken as confirmed during the inspection: Review of records and the environment confirmed that eye drops and topical medicines were stored and administered appropriately.	

Area for improvement 5 **Ref**: Regulation 17 (1) **Stated:** First time	The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and medication audit.	**Met**
	Action taken as confirmed during the inspection: Review of a selection of governance audits evidenced that this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that care plans are legible, kept under review and updated in response to the changing needs of patients. Care plans which are no longer relevant should be archived appropriately.	**Met**
	Action taken as confirmed during the inspection: Review of a selection of care records evidenced that they were legible, kept under review and updated in response to the changing needs of patients. There was evidenced that care plans which are no longer relevant were regularly archived.	
Area for improvement 2 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall ensure that supplementary care records, specifically, food and fluid intake charts, personal care and bowel charts are completed in an accurate, comprehensive and contemporaneous manner. Records should reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records.	**Partially met**
	Action taken as confirmed during the inspection: Review of a selection of supplementary care records confirmed that although records in the Oaktree and Annesley units were well completed, gaps of up to 10 days per month were observed in records reviewed in the Wild Forest unit. In addition there was no evidence that registered nurses had oversight of these records as none of the care records reviewed contained a 24 hour fluid intake total. **This area for improvement is partially met and is stated for a second time**.	

Area for improvement 3 **Ref**: Standard 41 **Stated:** First time	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly. **Action taken as confirmed during the inspection**: Review of staff meeting minutes evidenced that staff meetings across all grades of staff took place at least on a quarterly basis.	**Met**
Area for improvement 4 **Ref**: Standard 11 **Stated:** First time	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.**	**Carried forward to the next care inspection**
Area for improvement 5 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis. **Action taken as confirmed during the inspection**: Review of the environment and of menus confirmed these were displayed in a suitable format and on a daily basis.	**Met**
Area for improvement 6 **Ref**: Standard 16 **Stated:** First time	The registered person shall ensure that information from complaints is used to improve the quality of services within the home and that learning is disseminated from analysis of complaints received. **Action taken as confirmed during the inspection**: Review of audits and complaints records evidenced that learning is disseminated from analysis of complaints received.	**Met**

6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 9 and 10 May 2018.

The nurse in charge 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. 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 caring manner. A review of the staffing rota from weeks commencing 3 December 2018 and 10 December 2018 evidenced that the planned staffing levels were adhered to. However review of the skill mix evidenced that the registered nursing allocation to care assistant ratio was below the recommended level. This was discussed with the registered manager who agreed to review this. An area for improvement under the care standards was made.

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 and fresh smelling throughout. Many of the patient's bedrooms were found to be highly personalised. During review of the environment two fire doors were observed to be propped open. This was discussed with the registered manager post inspection who agreed to arrange for door releasing units to be fitted and the fire risk assessment to be updated. This was shared with the aligned estates inspector for the home for information purposes.

Review of records and discussion with staff evidenced deficits in relation to the post fall management of patients. For example, review of one care record evidenced that on one occasion when the patient had an unwitnessed fall, neurological and clinical observations were not carried out in accordance with best practice and a post fall risk assessment was not completed within 24 hours. Review of a further care record when the patient sustained a head injury, confirmed no clinical or neurological observations were taken, no post fall risk assessment was completed within 24 hours and there was no record that the next of kin were informed of the incident. There was no evidence from review of both care records that the patient's care manager had been informed of the incidents; however discussion with the registered manager confirmed that this was done. We recommended that the registered manager liaise with the falls prevention team in the South Eastern Health and Social Care Trust to ensure appropriate post fall management support was availed of. An area for improvement under regulation was made.

Review of notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005 confirmed that one incident had not been notified. This was discussed with the responsible person who submitted this retrospectively.

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

We reviewed the management of nutrition, infections and wound care. Generally care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. However gaps were observed in relation to management of infection. Review of one patient's care record evidenced that the care plan was not updated to reflect antibiotic therapy for the treatment of two recent infections.

Deficits were also identified in the wound management of one patient. Review of one care record evidenced there was no care plan to direct care and the most recent Tissue Viability Nurse (TVN) recommendations were not contained in the care records. Discussion with staff confirmed the care plan and TVN recommendations had been archived some two months previous. Review of these records confirmed the care plan did not reflect the frequency of

treatment delivered as prescribed by the TVN. The dressing regime was alternate days however, review of records evidenced gaps in recording of the daily records of up to eight days and of up to and including 18 days in the wound progress chart. This was discussed with the registered manager and an area for improvement under the regulations was made.

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Corriewood Private Clinic was a positive experience. Ten patient questionnaires were left in the home for completion. Seven of these were completed by the lay assessor. Some of the comments received were as follows:

"I'm very well looked after."
"It's very well run this place. I have no complaints."
"I'm cared for very very well. They're doing all they can for me."
"It's lovely here, I'm happy."
"I feel they could do with more staff. There are times when it takes too long to answer the bell."

The lay assessor confirmed that all the patients they spoke with commented favourably on the standard of care in Corriewood Private Clinic.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; none were returned within the timescale for inclusion in this report. Any comments from patients and staff in returned questionnaires received were shared with the registered manager for their information and action as required.

Discussion with the nurse in charge evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 the culture and ethos of the home, the home's environment and maintaining good working relationships.

Areas for improvement

One area for improvement under the regulations was identified in relation to wound management and management of infection.

One area for improvement under the care standards was identified in relation to staffing skill mix.

	Regulations	Standards
Total number of areas for improvement	1	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 Imelda McGrady, responsible individual, as part of the inspection process and with Teresa Josephine McClean, registered manager, during a phone call on 27 December 2018. 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (a)(b) **Stated:** Second time **To be completed by:** Immediate action required	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Ref: 6.2
	Response by registered person detailing the actions taken: All Nursing staff have been further instructed on how to record the post falls observations
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** Second time **To be completed by:** Immediate action required	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This area for improvement is made with specific reference to sharps boxes. Ref: 6.2
	Response by registered person detailing the actions taken: Nursing staff were reminded how to appropriately store sharps boxes.
Area for improvement 3 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that appropriate care plans are in place to direct care and meet the assessed needs of patients. This area for improvement is made in reference to the following: • wound management • management of infections Ref: 6.3
	Response by registered person detailing the actions taken: The care plan was brought up to date and the staff are recording as appropriate. Staff are managing infections appropriately.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4.9 **Stated:** Second time **To be completed by:** Immediate action required	The registered person shall ensure that supplementary care records, specifically, food and fluid intake charts, personal care and bowel charts are completed in an accurate, comprehensive and contemporaneous manner. Records should reflect a full 24 hours and that the total intake/output are collated into the patient's daily progress records. Ref: 6.2
	Response by registered person detailing the actions taken: The records are now collated in the daily progress records, as preferred by the inspector.
Area for improvement 2 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 10 June 2018	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Ref: 6.2
	Response by registered person detailing the actions taken: The inspector on the day chose not to inspect the activities.
Area for improvement 3 **Ref**: Standard 41.4 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that a skill mix of 35% registered nurses and 65% care assistants is maintained over a 24 hour period. Ref: 6.3
	Response by registered person detailing the actions taken: The staffing levels are kept under review regularly and will be reflected by the needs of the residents.

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

The Regulation and Quality Improvement Authority

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