Unannounced Care Inspection Report
18 June 2020

Corriewood Private Clinic

Type of Service: Nursing Home (NH)
Address: 3 Station Road, Castlewellan, BT31 9NF
Tel No: 02843778230
Inspectors: Gillian Dowds, Sharon McKnight and Catherine Glover

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.

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.

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 Individuals:** M I McGrady Anne Monica Byrne	**Registered Manager and date registered:** Teresa McClean – 1 April 2005
Person in charge at the time of inspection: Teresa McClean	**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.
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 patients accommodated in the nursing home on the day of this inspection:** 73

4.0 Inspection summary

An unannounced inspection took place on 18 June 2020 from 07:00 hours to 18:00 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 homes. The purpose of this inspection was to follow up on the progress made with regard to the areas for improvement identified as a result of the inspection completed on 11 November 2019.

Medicines management was inspected remotely by the pharmacist inspector. The registered manager was asked to submit specific documents to RQIA to gain assurance that medicines were being managed safely. The outcome of the medicines management inspection indicated that the home had robust governance systems. No areas for improvement were identified.

There were examples of good practice found throughout the care inspection in relation to the provision and training of staff, staffs' attentiveness to patients and patient safety. The environment was clean, fresh and safely managed.

Evidence of good practice was found in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients. We observed that the daily routine supported patient choice, dignity and privacy.

Areas for improvement were identified in relation wound care records, oversight of the supplementary care charts, care plans for patients' preferred early morning routines and records to evidence the delivery of early morning care.

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	5*	1*

*The total number of areas for improvement includes two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Teresa McClean, registered manager, Catherine Lenaghan, deputy and Angela McKeever, representing the registered persons, 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.

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
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 15 June 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- seven patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- reports of monthly visits completed on behalf of the registered provider
- RQIA registration certificate
- copies of personal medication records and medicines administration records for four patients
- copies of a range of medicine audits completed by the staff
- evidence of monitoring of anticonvulsant medicines.

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 previous inspection on 11 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 November 2019.

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 the following in relation to the provision of pressure area care to patients: • The care plans in place which prescribe the required pressure area care and refer, if appropriate to the use of pressure relieving equipment. The required settings /operating instructions for such equipment should also be available within the care record, as appropriate. • That all supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance.	**Partially met**
	Action taken as confirmed during the inspection: Care plans reviewed included pressure care and the type of pressure relieving equipment required. Whilst improvements were noted in the completion of the repositioning charts, further improvements are required to ensure they accurately reflect that patients are assisted to change their position in accordance with their care plans. This area for improvement was partially met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 29 **Stated:** Second time	The registered person shall ensure that MARs sheets are fully and accurately completed.	**Met**
	Action taken as confirmed during the inspection: The MARs sheets that were reviewed as part of this inspection had been fully and accurately completed.	

Area for improvement 2 **Ref**: Standard 28 **Stated:** Second time	The registered person shall closely monitor inhaled medicines to ensure that they are administered as prescribed.	**Met**
	Action taken as confirmed during the inspection: The manager advised that there were no inhaled medicines in use at the time of this inspection. The general practitioners had completed a medicine review for all patients and medicines had been discontinued for those with poor technique or who did not require inhaled medicines any longer. The management of these medicines was discussed and the manager advised of the processes that she had implemented to address this area for improvement and how inhaled medicines would be monitored should they be prescribed in future. Due to the arrangements in place and the assurance given, this area for improvement has been assessed as met.	
Area for improvement 3 **Ref**: Standard 4 **Stated:** Second time	The registered person shall ensure oversight of the supplementary care records by the registered nurses, in relation to bowel management. Nursing staff must evaluate the effectiveness of care delivery.	**Not Met**
	Action taken as confirmed during the inspection: Some improvements were noted with the oversight of care records in relation to bowel management, however the improvements were inconsistent and therefore this area for improvement has been subsumed into an area for improvement under the regulation. Supplementary charts are further discussed in section 6.4 of this report.	
Area for improvement 4 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that care records are maintained in a person centred, sufficiently detailed and meaningful manner at all times this relates specifically to the daily and monthly evaluation of care.	**Not Met**
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has not been met and has been stated for a second time.	

Area for improvement 5 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that the identified patient's nutritional care plans are reflective of current SALT guidelines.	**Met**
	Action taken as confirmed during the inspection: A review of care plans evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

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

A system was in place to identify staffing levels to meet the patients' needs. A review of the staff rota for the week commencing 15 June 2020 confirmed that the staffing numbers identified were provided.

Observation of the delivery of care throughout the day 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 manner. There were sufficient staff available to ensure that catering and housekeeping duties were undertaken.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Seven responses were received from patients following the inspection. All of the patients were either very satisfied or satisfied with staffing arrangements.

We discussed the recruitment of staff with the registered manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The manager is responsible for monitoring that all staff are registered appropriately. We observed that checks were being completed monthly and all staff were appropriately registered.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place.

If a patient had an accident a report was completed at the time of the accident. Following a fall a post falls review was completed to ensure the care plan continued to meet the needs of the patient.

We observed staff and looked at the environment to determine if there was good practice to minimise the risk of the spread of infection. Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities, liquid soap and disposable hand towels were widely available and well utilized throughout the home. Hand sanitising gel was available as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene. Laminated posters depicting the seven stages of handwashing were also displayed.

The environment in the home was warm and comfortable and provided homely surroundings for the patients. Signage had been placed at the entrance to the home which provided advice and information about Covid-19. Personal protective equipment (PPE) was available in the foyer of the home for staff and visitors. PPE was also readily available throughout the home.

No issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct procedure for donning (putting on) and doffing (taking off) and the correct use of PPE. Clinical waste bins were provided throughout the home for safe disposal of used PPE. Additional staff changing facilities had been provided.

We visited the laundry which was tidy and well organised. Coloured coded laundry skips were in use.

Medicines management

The medicines management aspect of the inspection was completed remotely to reduce footfall through the home due to the Covid-19 pandemic. During the inspection, the care inspectors requested documents to be sent to the medicines inspector for review. Copies of personal medication records and medicine administration records for four patients were received on 18 June 2020 and further documents were submitted following telephone conversation on 22 June 2020. (Audits and action plans to validate areas on the QIP).

Samples of recent audits were provided. Audits were completed by the manager or deputy manager and included:

- comprehensive medicines audits covering all aspects of medicines management which are completed monthly
- running balances for specific medicines, completed daily
- PMR and MAR audits completed monthly
- CD audits completed quarterly
- supplement audit completed regularly.

Following completion of each audit, an action plan is produced when improvements are required and there was evidence that this was shared with staff.

Evidence to show how anticonvulsant medicines are monitored was provided; running stock balances were completed daily and were satisfactory.

Review of personal medication records and MAR sheets evidenced that these documents were fully and accurately completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs' attentiveness to patients and patient safety and the management of medicines. The environment was clean, fresh and safely managed.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	**0**	**0**

6.4 Is care effective?

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

The patients we spoke with were very happy with the care they were receiving. They confirmed that prior to the current pandemic, staff arranged visits from healthcare professionals, for example their GP, podiatry, opticians and dentists when they needed them.

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these a range of care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed patients' needs in relation to pressure ulcer prevention and wound care. Records evidenced that where necessary advice on the management of wounds was sought from tissue viability nurses (TVN) in the local health and social care trust.

Whilst care plans were in place to prescribe wound care, the rationale for changes to dressing regimes was not recorded and care plans were not always updated to reflect changes to dressing regimes. The evaluation of wounds were not consistently recorded. An area for improvement was identified with regard to wound care records.

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as 'at risk', a care plan was in place; the care plans did not include any pressure relieving equipment in use. Pressure relieving care was recorded on repositioning charts.

These charts did not consistently evidence that the patients were assisted by staff to change their position regularly. As previously discussed an area for improvement was made as a result of the last inspection to ensure that care plans included the required pressure area care and, if appropriate, the use of pressure relieving equipment. Improvements were also needed with the completion of repositioning records. This area for improvement has been assessed as partially met and has been stated for a second time.

In addition to repositioning charts, supplementary care charts were also maintained for food and fluid intakes and bowel management. An area for improvement was identified as a result of the previous inspection to ensure that registered nurses maintain oversight of the supplementary care records; this was in relation to bowel management. This area for improvement was not met; to ensure that the further improvements required are made this area for improvement has been subsumed into a wider area for improvement under regulation. Registered nurses must maintain oversight of the supplementary care charts to evaluate the effectiveness of daily care delivery.

We reviewed the early morning routine for those patients who have been assisted to wash and dress by the night staff. Staff spoken with explained that early morning care was delivered in response to individual patient need. Whilst details of the care delivered were recorded on the hand over sheet the majority of patients who were assisted to wash and dress by the night staff did not have a care plan in place detailing their preferred morning routine. There were no records to evidence that the early morning assistance and support provided to these patients was in response to individual need or preference. Areas for improvement were identified with care plans for patients' preferred early morning routines and the delivery of early morning care.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patient's routine.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients.

Areas for improvement

Four areas for improvement were identified in relation wound care records, oversight of the supplementary care charts, care plans for patients' preferred early morning routines and records to evidence the delivery of early morning care.

	Regulations	Standards
Total number of areas for improvement	**4**	**0**

6.5 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 spoke with ten patients individually. Patients confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and what time they liked to go to bed. They said:

"We find everything very good."
"The staff are all very friendly."
"I like it here."
"There's lots to do and I like the food."

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection. Seven responses were received from patients following the inspection. All of the patients were either very satisfied or satisfied with staffing arrangements. Unfortunately no responses were received from staff or relatives.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

"Thank you to all the staff in Corriewood for your excellent care of my mum … Words are not enough."
"Thank you to you all, for your care, dedication, love and care to our …"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to patient choice, dignity and privacy of patients.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	**0**	**0**

6.6 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 manager, who has responsibility for the day to day operation of the home, has been in post since 2005. She is supported in her role by a deputy manager who was also available throughout the inspection. Patients and staff reported that the manager was very approachable and available to speak to when needed.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, wounds, care records and accidents and incidents.
It was noted that where actions were identified to address deficits there was evidence of re-auditing to ensure the improvements were made. Given the areas for improvement with care records identified as a result of the previous inspection and this inspection the auditing process for care records must be reviewed and further developed to ensure it is effective in driving the required improvements.

The registered persons are required to check the quality of the services provided in the home. A monthly visit was completed by the registered persons and the manager. The reports of these visits included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. Due to the current Covid-19 pandemic these visits were being completed remotely with the use of IT support.

A complaints procedure was available in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint.

Examples of compliments received have been provided in section 6.5 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the approachability of the manager, the management of complaints and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to the current auditing process for care records.

	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 Teresa Mc Clean, registered manager, Catherine Lenaghan, deputy manager and Angela McKeever, representing the registered persons, 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	
Area for improvement 1 **Ref**: Regulation 13(1)(a) (b) **Stated:** Second time **To be completed by:** 16 July 2020	The registered person shall ensure the following in relation to the provision of pressure area care to patients: • The care plans in place which prescribe the required pressure area care and refer, if appropriate to the use of pressure relieving equipment. The required settings /operating instructions for such equipment should also be available within the care record, as appropriate. • That all supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance. **Ref Section 6.1 & 6.4**
	Response by registered person detailing the actions taken: The required settings and operating instructions for pressure reliving equipment are recorded within the care records. The repositioning records are recorded accurately and in date order.
Area for improvement 2 **Ref:** Regulation 19(1)(a) Schedule 3, 3 (k) **Stated:** First time **To be completed by:** Ongoing from the date of inspection	The registered person shall ensure that wound care records include: • The rationale for changes to dressing regimes • Updates to care plans to reflect changes to prescribed dressing regimes • An evaluation of the wound at each dressing change. **Ref Section: 6.4**
	Response by registered person detailing the actions taken: The records pertaining to wound care is updated timely when a new regime is perscribed. An evaluation of the wound will be completed at each dressing change.
Area for improvement 3 **Ref:** Regulation 12(1)(a) **Stated:** First time **To be completed by:** Immediate from the day of inspection	The registered person shall ensure that registered nurses evaluate the effectiveness of daily care delivery by maintaining oversight of the supplementary care charts. **Ref Section: 6.1 & 6.4**
	Response by registered person detailing the actions taken: The Nursing staff were instructed to ensure they maintain a daily oversight of all supplementary care records.

Area for improvement 4 **Ref:** Regulation 16(1) **Stated:** First time **To be completed by:** 16 July 2020	The registered person shall ensure that care plans detailing patients' individual needs for early morning routines are in place. **Ref Section: 6.3**
	Response by registered person detailing the actions taken: All care plans are updated to reflect same.
Area for improvement 5 **Ref:** Regulation 12(1)(a) **Stated:** First time **To be completed by:** 16 July 2020	The registered person shall ensure that records are maintained to evidence that any early morning assistance and support provided to patients is in response to individual need or preference. **Ref Section: 6.3**
	Response by registered person detailing the actions taken: Daily records evidence individual patient choice in relation to morning routines.
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 **Stated:** Second time **To be completed by:** 16 July 2020	The registered person shall ensure that care records are maintained in a person centred, sufficiently detailed and meaningful manner at all times this relates specifically to the daily and monthly evaluation of care. **Ref Section: 6.1**
	Response by registered person detailing the actions taken: Nursing staff records daily and monthly evaluation in a person centered and meaningful manner.
Area for improvement 2 **Ref**: Standard 35.6 **Stated:** First time **To be completed by:** 16 July 2020	The registered person shall ensure that the auditing process for care records is reviewed and further developed to ensure it is effective in driving the required improvements. **Ref Section: 6.6**
	Response by registered person detailing the actions taken: Care records are audited robustly to identify deficits in a more timely manner.

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

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