

Inspection Report

18 & 19 July 2024



Corriewood Private Clinic

Type of service: Nursing Home
Address: 3 Station Road, Castlewellan, BT31 9NF
Telephone number: 028 4377 8230

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Corriewood Private Clinic Limited</p> <p>Responsible Individual: Mr Ricardo Daniel Goncalves Oliveira</p>	<p>Registered Manager: Mr Ricardo Daniel Goncalves Oliveira – Not registered</p>
<p>Person in charge at the time of inspection: Mr Ricardo Daniel Goncalves Oliveira, Manager</p>	<p>Number of registered places: 79</p> <p>A maximum of 7 patients in category NH-LD/LD(E) 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.</p>
<p>Categories of care: Nursing (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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 67</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides care for up to 79 patients. The home is divided into four units. Annesley House and Wild Forest which provides general nursing care. Spring Well which provides care for people with a learning disability and Oak Tree which provides care for people with a dementia. Patients have access to communal dining rooms, lounges and extensive gardens from each unit.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 July 2024 from 09.20 am to 4.50 pm and 19 July 2024 from 09.25 am to 4.50 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 patient care and maintaining good working relationships.

Three areas requiring improvement were identified during the inspection; these are discussed in the main body of the report.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, patients' representatives, staff and visiting professionals are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Mr Ricardo Daniel Goncalves Oliveira, Manager, and Mr Moses Abile, Deputy Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients, patients' relatives, staff and visiting professionals provided positive feedback about Corriewood Private Clinic. Patients told us that they felt well cared for, enjoyed the food and that staff were caring and kind. Staff said that they had a good induction and orientation when they started working in the home; the manager was approachable; staff morale was good; there were enough staff on duty to care for the patients and they felt well supported in their role.

Patients' relatives spoken with commented:

"Dad's well looked after and enjoys the activities, as there's always something going on. Staff communicate well and will let me know if there are any issues or changes to his care" and "The staff are one hundred per cent. She had a sore when she was admitted here which is now healed, as the care is very good".

Comments made by a patient and a patients' relative were brought to the attention of the manager for information and appropriate action.

Following the inspection no patient, patient representative or staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you so much for the fantastic care you all provided to Daddy throughout his time with you. We are forever thankful to you."

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 21 & 22 June 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that patients are appropriately monitored following a fall in the home where a head injury, or the potential for a head injury, has occurred. Ref: 5.2.2	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. It was noted that gaps in employment records had been explored with explanations recorded and pre-employment health assessments were in place. Review of records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff said that they worked well together and that they supported each other on their roles. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2024 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, dysphagia awareness, food hygiene, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. However, it was noted that not

all staff had completed training regarding behaviours that challenge. This was discussed with the manager and an area for improvement was identified.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Records showed that staff had completed deprivation of liberty safeguards (DoLS) level 2 and that trained staff have completed (DoLS) level 3.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mrs Marie McGrady, Operations Manager, was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding mobility, patients at risk of falls, nutrition, patients at risk of choking and weight were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted they were well recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Supplementary records regarding food and fluid intake were noted to be well documented.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, the speech and language therapist (SALT) and dietitians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room in Annesley House. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal with condiments was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner. The menu plan for three weeks with a separate dessert menu was displayed on the wall outside the dining room to show patients what meal choices were available. It was not reflective of the food being served for lunch and staff spoken with were unsure of the menu choice. Patients said they were unaware that a menu was available as it had not been displayed in the dining room. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing what is available at each mealtime. This was discussed with the manager and an area of improvement was identified.

Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

It was noted that some areas of the home require refurbishment. This was discussed with the manager who confirmed that a refurbishment plan is in place. This will be reviewed at the next inspection.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Patient call systems were noted to be answered promptly by staff.

Equipment used by patients such as hoists, shower chairs and wheelchairs were noted to be effectively cleaned.

In one unit, the treatment room was observed to be appropriately locked. However, a store room was observed to be unlocked and unattended; a large number of prescribed supplements for patients on modified diets was easily accessible and not stored securely. This could cause

potential risk to the health and welfare of patients. This was discussed with the manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. The manager confirmed that a Fire Risk Assessment had been carried out on 1 February 2024. The fire alarm was tested during the inspection and regular fire drills had been undertaken by staff.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as attending holy communion and arts and crafts. On the afternoon of the first day of inspection, patients were observed to enjoy a magic show and on the second day a lively music event.

Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change in the management arrangements. Mr Ricardo Daniel Goncalves Oliveira has managed the home since 19 April 2024. Discussion with staff and patients' representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff and observations confirmed that the home was operating within the categories of care registered. The manager advised that day care is not provided at present.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty and for the management of medication and wound care.

Records checked evidenced that staff supervisions had commenced. The manager confirmed that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care records, wounds, speech and language therapy (SALT), weight, restraints; such as the use of bedrails, catering/kitchen, the patient dining experience, housekeeping and IPC practices including hand hygiene.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The manager confirmed that systems were in place to ensure that complaints were managed appropriately. Patients, their relatives and staff said that they knew who to approach if they had a complaint and that they would be confident any issues or concerns raised would be addressed.

Records reviewed evidenced that patient, patients' representative and staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff said that there were good working relationships. They spoke highly of the manager and described him as approachable, supportive and available to offer advice.

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Ricardo Daniel Goncalves Oliveira, Manager, 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: From the date of inspection 18 & 19 July 2024	The registered person shall ensure that dietary supplements that are prescribed for patients are stored safely in a secure place at all times in order to protect the health and welfare of patients. Ref: 5.2.3
	Response by registered person detailing the actions taken: On the day of the inspection, Registered Nurses were reminded to ensure that the dietary supplements room remains securely locked at all times when not in use. Additionally, a new locking mechanism was installed to further guarantee the room's security.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 39 Stated: First time To be completed by: 20 September 2024	The registered person shall ensure that staff are trained for their roles and responsibilities. This relates specifically to staff training regarding behaviours that challenge. Ref: 5.2.1
	Response by registered person detailing the actions taken: Following discussions during the inspection, the Training Needs Analysis for the Home was updated. Training on responding to behaviors that challenge has been extended to all care staff and added to the mandatory training list, regardless of whether they work directly with residents who may exhibit such behaviors.

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed: From the date of inspection 18 & 19 July 2024</p>	<p>The registered person shall ensure that the daily menu displayed reflects the meals served and is displayed in a suitable format and location.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following discussions with the Catering Manager, a new system has been implemented to ensure that menus are displayed in an accessible format and in appropriate locations within the dining room. This will be monitored by the Registered Manager and during the provider's visits to ensure continued compliance.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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