



The Regulation and  
Quality Improvement  
Authority

Corriewood Private Clinic  
RQIA ID: 1076  
3 Station Road  
Castlewellan  
BT31 9NF

Inspector: Bridget Dougan  
Inspection ID: IN021775

Tel: 028 4377 8230  
Email: [corriewoodrqia@btconnect.com](mailto:corriewoodrqia@btconnect.com)

---

**Unannounced Care Inspection  
of  
Corriewood Private Clinic**

**22 February 2016**

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 22 February 2016 from 10.30 to 15.45 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 19 November 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 2<br>*          |

\*The total number of recommendations includes one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Teresa McClean registered manager, Mrs Imelda McGrady, responsible person and Ms Marie McGrady, director, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

|   |  |
|---|--|
| <b>Registered Organisation/Registered Person:</b><br>Corriewood Private Clinic/Mrs Anne Monica Byrne, Mrs M.I McGrady | <b>Registered Manager:</b><br>Mrs Teresa McClean           |
| <b>Person in Charge of the Home at the Time of Inspection:</b><br>Mrs Teresa McClean                                  | <b>Date Manager Registered:</b><br>01 April 2005           |
| <b>Categories of Care:</b><br>NH-LD, NH-LD(E), NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE, NH-MP                             | <b>Number of Registered Places:</b><br>63                  |
| <b>Number of Patients Accommodated on Day of Inspection:</b><br>59 patients   | <b>Weekly Tariff at Time of Inspection:</b><br>£590 - £637 |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from previous inspections
- the previous care inspection report.

During the inspection, the inspector met with 30 patients individually, three registered nurses, eight care staff, two ancillary staff and four patients' representatives.

The following records were examined during the inspection:

- evidence linked to the previous QIP
- four patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- registered nurse competency assessments
- policies and guidance documents for communication, death and dying, palliative and end of life care
- complaints and compliments records

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the previous inspection

The previous inspection of the home was an announced pre-registration inspection dated 19 November 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the previous care inspections on 27 January 2015 and 19 November 2015

| Last Care Inspection Recommendations  |  | Validation of Compliance |
|---|--|--------------------------|
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 16<br><br><b>Stated:</b> First time | The registered manager should ensure that the complaints policy, Statement of Purpose and patients guide are reviewed and amended to reflect DHSSPS guidance on complaints handling in regulated establishments.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of the complaints policy, Statement of Purpose and patients guide confirmed that they had been reviewed and amended to reflect DHSSPS guidance on complaints handling in regulated establishments. |                          |

|   |   |                   |
|---|---|-------------------|
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5.5</p> <p><b>Stated:</b> First time</p>   | <p>The registered manager must ensure that an audit of patient care records is undertaken by management, and a re-audit is completed to ensure audits findings are acted upon.</p> <p>Shortfalls in the following areas should also be effectively addressed:</p> <ul style="list-style-type: none"> <li>• information on admission sheets should be fully completed</li> <li>• names of patients and dates should always be recorded</li> <li>• care plan agreement forms should be signed by the patient's representative</li> <li>• the template for recording safety checks for the use of restrictive practice should be reviewed</li> <li>• daily nursing records must always provide clear information in relation to care delivered</li> <li>• a robust process for traceability and management of bowel function referencing the Bristol Stool Chart, should be in place.</li> </ul> | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed that regular audits of patient care records were completed. One patients care records in each unit was audited each day and action plans had been developed to address any deficits. Four patients care records were inspected and this evidenced that audits had been completed and the above areas had been effectively addressed.</p> |   |                   |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p>   | <p>The registered manager must ensure that night staff are not directed to get named patients up early.</p> <p>Specific arrangements for day care which may include patients getting up early are included as part of an individual patient's care plan which has, where possible, been agreed with the patient or their representative.</p>  | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and three registered nurses and a review of four patients care records evidenced that this recommendation had been met.</p>  |   |                   |

|   |   |                             |
|---|---|-----------------------------|
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p>  | <p>The registered manager must ensure that the programme of activity is displayed in a format suitable to meet the needs of patients, for example, a pictorial format could be considered.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/> Discussion with two activity therapists confirmed that the programme of activities had been displayed in written format for patients in the general nursing unit and in pictorial format for the learning disability unit. It is recommended that the programme of activities is also displayed in a suitable format to meet the needs of patients accommodated in the dementia unit. This recommendation has been partially met.</p>  | <p><b>Partially Met</b></p> |
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 12.10</p> <p><b>Stated:</b> First time</p> | <p>The registered manager should ensure that patient assistance is provided in a respectful manner, and stools made available for staff use are being used.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/> The inspector observed the afternoon tea being served and can confirm that assistance was provided to patients in an appropriate and respectful manner.</p>   | <p><b>Met</b></p>           |
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 26.1</p> <p><b>Stated:</b> First time</p>  | <p>The registered manager should ensure that an escort policy and procedure is developed for accompanying vulnerable service users to appointments outside of the home, including the procedure for those service users with no next of kin.</p> <p>This information should be incorporated into the patient's guide and the service user agreement. (a copy of this information should be enclosed when returning the Quality Improvement Plan, QIP)</p> <p>Confirmation should also be provided that a copy of the home's escort policy has been forwarded to the referring Health and Social Care Trust.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/> Review of the policy on the transfer of patients to hospital, the service user agreement and patient's guide evidenced that this recommendation had been met.</p> | <p><b>Met</b></p>           |

|   |  |                   |
|---|--|-------------------|
| <p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 30.1</p> <p><b>Stated:</b> First time</p>  | <p>The registered manager should ensure that night staffing arrangements are kept under review to ensure the needs of patients on both floors are being met by skilled and experienced staff.</p>      | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and review of a sample of staff duty rotas confirmed that night staffing arrangements have been kept under review to ensure the needs of patients on both floors are being met by skilled and experienced staff.</p> |  |                   |
| <p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 28.1</p> <p><b>Stated:</b> First time</p>  | <p>The registered manager should ensure that, structured staff induction and training is provided over a period not exceeding six months, and competency of each task is recorded upon completion.</p> | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of staff induction and training records confirmed that this recommendation had been met.</p>   |  |                   |

|  |  |                   |
|--|--|-------------------|
| <p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standards 32.1<br/>37.1<br/>34.1<br/>35.3</p> <p><b>Stated:</b> First time</p>   | <p>The registered manager should ensure and confirm that:</p> <ul style="list-style-type: none"> <li>• damage to one identified ceiling has been repaired</li> <li>• interim storage arrangements have been implemented for the medicine trolley in one identified suite to ensure safe storage</li> <li>• alcohol containers are fitted with suitable equipment to minimise dripping</li> <li>• to avoid cross contamination wheelchairs are removed from storage in communal toilets</li> <li>• robust systems are in place to keep communal equipment clean and decontaminated after each patient use.</li> </ul> | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and inspection of the home confirmed that major structural improvements had been completed with further work planned for 2016. The medicine trolleys had been stored securely. Containers for alcohol hand rub had been fitted with suitable equipment to minimise dripping. No wheel chairs had been stored in communal toilets. Designated storage rooms for wheel chairs had been provided. The registered manager confirmed that a programme of decontamination had been put in place for all communal equipment.</p> |  |                   |

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on breaking bad news. Discussion with three registered nurses and eight care staff confirmed that they were knowledgeable regarding this policy and procedure.

A sample of training records reviewed evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. Training in relation to palliative and end of life care included guidance for breaking bad news as relevant to staff roles and responsibilities. Nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.



### Is Care Effective? (Quality of Management)

Four care records examined reflected patients' individual needs and wishes regarding end of life care. Recording within records included reference to the patient's specific communication needs, including sensory and cognitive impairments.

There was evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Three registered nurses consulted, demonstrated her ability to communicate sensitively with patients and /or their representatives when breaking bad news. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and or their representatives.

### Is Care Compassionate? (Quality of Care)

Observations of delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

Discussion with 30 patients individually evidenced that they were happy living in the home. Patients confirmed staff were polite and courteous and that they felt safe in the home.

### Areas for Improvement

No areas for improvement were identified.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These policies and procedures referenced current best practice guidance.

Training, induction and competency and capability records evidenced that all registered nurses had received training in palliative care and the management of death, dying and bereavement. Training in palliative and end of life care had been provided for care staff in 2014. The registered manager confirmed that care staff would benefit from further update training and a recommendation was made in this regard. Staff spoken with clearly demonstrated their knowledge of delivering palliative and end of life care and how to support the patients and relatives at this time.

Discussion with registered nursing staff and a review of four care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and other specialist practitioners.

Discussion with the registered manager, registered nursing staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A palliative care link nurse had been identified for the home. The registered manager explained how their role has added value to this area of practice within the home.

A written protocol was in place for access to any specialist equipment or drugs out of hours, through the local Trust. Discussion with registered nursing staff confirmed their knowledge of the protocol.

### **Is Care Effective? (Quality of Management)**

A review of four care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social and cultural preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the registered manager, three registered nurses and a review of four care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/ representatives to be with patients who had been ill or dying. Facilities have been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support had been provided by the staff team.

A review of notifications of deaths to RQIA evidenced these were notified in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

### **Is Care Compassionate? (Quality of Care)**

Discussion with three registered nurses and a review of four care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences.

Arrangements were in place in the home to facilitate family and friends to spend as much time as they wish with the patient. Staff discussed openly a number of deaths in the home and how the home had been able to support the family members in providing refreshments and facilitating them to stay overnight with their loved ones.

From discussion with the registered manager, registered nurses and care staff and a review of the compliments records there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Thirteen staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included support from management, peer support and also reflections at staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives.

### **Areas for Improvement**

Further training on palliative and end of life care should be provided for care staff relevant to their roles and responsibilities.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>1</b> |
|--------------------------------|----------|-----------------------------------|----------|

## **5.5 Additional Areas Examined**

### **Consultation with patients, patient representatives and staff**

Discussion took place with 30 patients individually. Comments from patients regarding the quality of care, food and in general the life in the home were very positive.

A number of patients were unable to express their views due to the frailty of their condition. All patients appeared well presented and comfortable in their surroundings. Ten patients completed questionnaires. No concerns were raised. A few comments are detailed below:

- "I'm very happy here."
- "I enjoy the activities programme daily and attend outings."
- "I like the church services provided by the home and the local parish."
- "I like living here, it is my home."
- "I never want to leave this place."

Four patients' representatives met with the inspector and four patients' representatives completed questionnaires during the inspection. Overall the comments indicated that the quality of care was good, that staff were attentive and caring and that they were kept informed of changes to their loved one's care. No concerns were raised. Some comments received included:

- "All carers are very helpful especially coping with problems that arise. The nursing staff are very competent."
- "I can't begin to tell you how wonderful Corriewood is to all patients. The environment is lovely and bright."
- "Mental pain is so hard to handle and they have done so. My husband is so content now."
- "The food is also amazing – the kitchen staff and maintenance staff are also very helpful and caring."
- "I feel they have all done their utmost to make me feel like family."

Thirteen staff took the time to speak with the inspector and five staff completed questionnaires. The general view from staff cited in completed questionnaires and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. No concerns were raised.

A few staff comments are detailed below:

- "I feel we work well as a team to deliver individual effective care, from the kitchen staff to the domestics to the office staff and all those in between."
- "I really enjoy my job. I feel the home is welcoming and I am proud to say I work here."
- "We have a brilliant quality of care. Staff here work together as a team and all our patients receive the utmost respect."
- "We as staff do our best to make each patient as comfortable as possible."
- "Families are well looked after."

### Areas for Improvement

No areas for improvement were identified.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Teresa McClean, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

|   |   |                       |            |
|---|---|-----------------------|------------|
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b><br/>22 April 2016</p> | <p>The registered manager must ensure that the programme of activity is displayed in a format suitable to meet the needs of patients, for example, a pictorial format could be considered.</p> <p><b>Reference: Section 5.1</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>There is an Activity board up on the wall in the new unit. Which is displayed in a format suitable to meet the patient's needs.</p> |                       |            |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>30 June 2016</p>     | <p>The registered manager should provide update training on palliative and end of life care for all care staff relevant to their roles and responsibilities</p> <p><b>Reference: Section 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/>Training will be incorporated into the training schedule for 2016/2017.</p>  |                       |            |
| <b>Registered Manager Completing QIP</b>  | Teresa McClean  | <b>Date Completed</b> | 11/03/2016 |
| <b>Registered Person Approving QIP</b>  | Imelda McGrady  | <b>Date Approved</b>  | 11/03/2016 |
| <b>RQIA Inspector Assessing Response</b>  | Bridget Dougan  | <b>Date Approved</b>  | 18/04/2016 |

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**