



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 & 23 May 2019



Corriewood Private Clinic

Type of Service: Nursing Home

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service 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 registered nursing home which provides care for up to 79 patients.

3.0 Service details

<p>Organisation/Registered Provider: Corriewood Private Clinic</p> <p>Responsible Individual(s): Anne Monica Byrne M I McGrady</p>	<p>Registered Manager and date registered: Teresa Josephine McClean 1 April 2005</p>
<p>Person in charge at the time of inspection: 21 May 2019 – Therese O’Higgins Nurse in Charge 23 May 2019 - Catherine Lenaghan, Registered Nurse</p>	<p>Number of registered places: 79</p> <p>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.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 21 May 2019 – 78 23 May 2019 – 79</p>

4.0 Inspection summary

An unannounced medicines management inspection was conducted on 21 May 2019 to follow up on the areas for improvement identified at the last medicines management inspection on 23 October 2018. Serious concerns were identified regarding the management and administration of patients’ medicines and as a result, the inspection was expanded to include care delivery on 23 May 2019.

During the care inspection serious concerns were identified in relation to the quality of management and governance arrangements in the home; health and welfare of patients, in particular care planning and registration of staff with the appropriate professional body. These deficits had the potential to impact on the quality of care delivered in the home.

As a consequence of our findings, following the inspection the responsible individuals and the registered manager were invited to attend a meeting in RQIA on 31 May 2019, with the intention of issuing four failure to comply notices in regards to patients health and welfare, fitness of workers and the governance and management arrangements in the home.

The meeting was attended by Imelda McGrady, Responsible Individual, Anne Monica Byrne, Responsible Individual, Marie McGrady, Operations Manager and Angela McKeever.

The responsible individuals outlined the actions that would be taken to address the concerns identified. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made and were concerned about the potential impact this may have on the delivery of care in the home.

As a result four failure to comply notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005.

Additional areas for improvement were identified with regards to infection prevention and control practices, the provision of signage within the home and the availability of records.

Further details of areas for improvement identified during the inspection are included within the main body of this report and formed part of the failure to comply notices issued on 4 June 2019.

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	2	*2

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

Details of the Quality Improvement Plan (QIP) were discussed with Teresa Josephine McClean, Registered Manager, and Imelda McGrady, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection and four Failure to Comply with Regulations notices were issued. Details of the findings of inspection are recorded below.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 13 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 13 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy issues, registration information, and any other written or verbal information received.

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.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from weeks beginning 20 May 2019 and 27 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- one staff recruitment and induction file
- a selection of patient care records
- a selection of patient care charts including food and fluid intake charts and personal care records
- a sample of governance audits/records
- compliments received
- a sample of reports of visits by the registered provider
- RQIA registration certificate
- receipt and disposal of medicines records
- personal medication records and medicine administration records
- controlled drugs records
- records in relation to the management of distressed reactions, antibiotics, warfarin and the admission process with regards to medicines

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspections

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement reviewed, three were met. Three areas for improvement which were partially met or not met have been subsumed into the failure to comply notices issued on 4 June 2019.

Areas of improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement reviewed, five were met; one which was partially met has been stated for a second time and is included in the QIP at the back of this report. Four areas for improvement which were partially met or not met have been subsumed into the failure to comply notices issued on 4 June 2019.

6.2 Inspection findings

6.2.1 Management of medicines

During our inspection of 21 May 2019, RQIA identified concerns regarding the governance arrangements with medicines management within the home. Robust systems were not established to ensure that prescribed medicines were available for administration. We identified seven patients who had missed more than one dose of at least one prescribed medicine in April and May 2019, due to no supply being available. There was no evidence that this had been escalated to the registered manager or the prescriber. The non-administration of prescribed medicines has the potential to affect the health and well-being of patients.

RQIA's previous medicines management inspection on 22 October 2018, evidenced that the controlled drugs record book had not been fully and accurately completed. Discrepancies were again noted during this inspection. It was noted that one patient did not have a supply of analgesic patch when it was due to be administered. On this occasion a patch was taken from another patient's supply. This had not been appropriately recorded in the controlled drugs record book. The date of receipt of the new supply of patches had been amended in the controlled drugs record book so that it appeared that the patch had not been out of stock. Controlled drugs records must be fully and accurately completed at all times. Robust processes to ensure that the records are completed must be in place.

We observed that the lunchtime medicines were being pre-dispensed by the registered nurse in Wildforest Suite. This practice is unsafe as it increases the likelihood that medicines may be administered to the wrong patient. The inspector discussed this poor practice with the registered nurse. The registered manager and responsible person stated that they were unaware that this was happening within the home. This practice was queried by RQIA during a previous inspection on 6 June 2016 and assurances were given by the registered manager at that time that pre-dispensing of medicines was not happening. It is therefore concerning that this practice was observed during this inspection.

Two of these areas for improvement were identified at the previous medicines management inspection. All of these deficits have been detailed in a Failure to Comply Notice issued by RQIA on 4 June 2019 under Regulation 13 (4) of the Nursing Homes Regulations (Northern Ireland) 2005.

The management of distressed reactions for four patients' was reviewed during the inspection. Records of administration of these medicines had been completed, however, there was no care plan in place to direct the care for two patients. One patient was prescribed two medicines, however it was not clear which should be used first line and in what circumstances the second medicine should be used. This area for improvement has been stated for a second time.

Areas for improvement

Concerns identified in relation to the management of medicines were included in the FTC notice regarding Regulation 13 (4).

One area for improvement in relation of distressed reactions has been stated for a second time in relation to Care Standards for Nursing Homes, April 2015

6.2.2 Health and Welfare of Patients

The previous care inspection of 13 December 2018 identified deficits with regards to the management of falls, wounds and infections. The inspection on 23 May 2019 identified serious concerns in respect of the management of these areas of care and with the care planning process in the home.

Deficits were identified in relation to the management of falls. Review of falls for three identified patient's evidenced that clinical/neurological observations were not taken in keeping with NICE best practice guidance. In addition, post fall risk assessments and care plans were not consistently updated as required. We found evidence within the care records where patients had unwitnessed falls and consideration was not given to the potential for a head injury.

Concerns were identified in relation to wound management. One patient with two wounds did not have appropriate care plans in place to monitor, assess and direct staff in the management of each wound. In addition, whilst the care plan directed nursing staff to monitor the wounds for signs of infection, there was no evaluation of this in the daily notes. Review of care records confirmed no care plan was in place to manage a wound for another identified patient. In addition, this wound was not dressed in keeping with NICE best practice guidance.

Deficits were identified in relation to management of infection for one identified patient. There was no care plan in place to manage an active infection and the generic care plan that was in place made reference to a different patient.

Review of four patient care records evidenced there was not an holistic approach to care planning, and care records were not reviewed to reflect individualised patient centred need. Care records lacked meaningful review and evaluation.

Following the care inspection of 13 December 2018 an area for improvement was made with regards to the skill mix of registered nurses and care assistants within Corriewood Private Clinic. Review of the duty rota from weeks beginning 20 May 2019 and 27 May 2019 evidenced that the skill mix of registered nurses to care assistant ratio continued to be below the recommended level. The registered manager must review the skill mix to ensure adequate registered nurses are available to effectively plan care for the patients in the home.

As a result of the above findings, a failure to comply notice was issued on 4 June 2019 with regard to a breach of regulation 13(1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

Deficits were identified in relation to the use of personal protective equipment (PPE), hand hygiene and effective decontamination of patient equipment. We also observed the laundry room to be very cluttered and we were not assured with regards to management of laundry. This was discussed with the registered manager and an area for improvement under the regulations was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm and very well decorated. Fire exits and stairwells were observed to be clear of clutter and obstruction. A corridor in the Annesley House unit was also observed to have a trip hazard with loose fitting carpet and a ramp into the bedroom. This was discussed with the registered manager who agreed to address this. This will be reviewed at a future care inspection.

There was a lack of appropriate signage for patients in the Oaktree unit particularly to the lounge/dining area, toilets and family room. This was discussed during feedback. In order to promote independence and assist patients with orientation within the home, an area for improvement under the care standards was made.

Areas for improvement

Concerns identified in respect of care planning to meet the needs of patients formed part of the failure to comply notices in regards to Regulation 13(1) (a) and (b).

One area for improvement under the regulations was identified in relation to infection prevention and control practices.

One area for improvement under the care standards was identified in relation to the provision of signage within the home.

	Regulations	Standards
Total number of areas for improvement	1	1

6.2.3 Fitness of workers

During the care inspection of the 23 May 2019 significant concerns were raised in regards to the registration of a number of staff on the staff duty rota. We were not assured that all staff were registered with their relevant professional bodies. Post inspection the registered persons confirmed that three staff identified as registered nurses did not hold active registrations with the Nursing and Midwifery Council (NMC). We required immediate action be taken to ensure that the identified staff on the registered nursing staff duty rota were no longer working in this role. This was later confirmed in writing, thus ensuring that patients were not placed at further risk of harm.

A number of care staff were also evidenced to be either in the process of registration or not appropriately registered with the Northern Ireland Social Care Council (NISCC). One recruitment file examined failed to evidence that an appropriate pre-employment health check had been completed.

The management of recruitment and selection of staff and the monitoring of the professional status of staff was unsatisfactory. As a result of the findings, a failure to comply notice was issued on 4 June 2019 with regard to a breach of regulation 21 of the Nursing Homes Regulations (Northern Ireland) 2005

6.2.4 Care delivery, patient dining experience and patient/relatives views

Staff demonstrated a good knowledge of patients' wishes and preferences and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The midday meal was observed on the Oaktree unit. There dining area was spacious and there was adequate seating for all the patients and staff. Meals were delivered from a hot trolley for patients and tables were attractively set. One meal was observed sitting in a kitchenette area uncovered. This was discussed with a staff member who confirmed the patient had refused their meal and they planned to heat the meal up 30 minutes later and encourage the patient to eat again. Further discussion with the staff member evidenced that the staff member did not have any equipment to check the temperature of the food. This was discussed with the registered manager for action as required. This will be reviewed at a future care inspection.

We observed one staff member assisting patients with lunch in the Oaktree unit. We were not assured that there were an adequate number of staff within this unit to ensure the safety of the patients. The registered manager must review staffing arrangements to ensure proper supervision of patients. This formed part of the failure to comply notices in regards to Regulation 13(1) (a) and (b).

We reviewed compliments received within the home. Some of the comments recorded included:

"Thank you so much. Four wee words that mean so much to me. You should be so proud of yourselves. Your care and compassion is second to none."

Consultation with 15 patients individually, and with others in smaller groups, confirmed they were happy and content living Corriewood Private Clinic. Some of the patient's comments included,

"It's dead on. Mrs McGrady is very good to everyone."

"I love it. They're wee angels. They couldn't do enough for us."

"I couldn't say a word. It's great."

"I was in Muckamore and I didn't like it. I love it here."

"Very good. It's lovely. I never heard a nasty word from any of the staff."

"The care is excellent and the food is good."

Five patient questionnaires were provided, none were returned in the expected timeframe. 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.

Five relative questionnaires were provided and staff were asked to complete an online survey; we had no responses within the timescale specified. Three relatives was spoken with during the inspection. They indicated they were very satisfied with care. Further comments included,

"They are very good and attentive."

"There is a high turnover of carers. Some of them as so good. Everyone is really lovely."

"The care is very good. I have no concerns."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

6.2.5 Management and governance arrangements

The unannounced inspection of 21 - 23 May 2019 raised significant concerns in regards to the overall governance of the home. This included a lack of effective oversight, monitoring and quality assurance arrangements in the home, which placed patients at risk of harm.

There was an absence of a robust monitoring system to ensure that staff were appropriately registered with their professional bodies. As discussed previously the staff duty rota identified three staff working in roles for which they were not registered. There was also evidence of poor management of care staff registration with the Northern Ireland Social Care Council (NISCC).

We reviewed accidents/incidents records since January 2019 in comparison with the notifications submitted by the home to RQIA. There was evidence that some incidents were not submitted in accordance with regulation. These are required to be submitted retrospectively. The review of records demonstrated ineffective audit processes within the home; these in turn failed to drive improvement, specifically in relation to care records and accidents/incidents.

The monthly governance reports completed in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 examined during the inspection, failed to identify the serious deficits in practice and secure the required improvements.

A failure to appropriately manage medicine supply resulted in long periods of out of stock medicines and this significantly compromised patient health and welfare.

RQIA raised a number of these matters during previous inspections of Corriewood Private Clinic.

As a result of the findings a failure to comply notice was issued on 4 June 2019 with regard to a breach of Regulation 10(1) of the Nursing Homes Regulations (Northern Ireland) 2005.

We requested a selection of records during the inspection including complaints records and evidence of training. These were not available for review at the time and were not shared with RQIA post inspection. An area for improvement under regulation was made.

Areas for improvement

One area for improvement under the regulations was identified in relation to availability of records.

	Regulations	Standards
Total number of areas for improvement	1	0

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 Josephine McClean, registered manager, and Imelda McGrady, responsible individual, 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 (7) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to:</p> <ul style="list-style-type: none"> • ensuring staff use appropriate personal protective equipment at all times and discard it appropriately • ensuring staff take the opportunity for hand hygiene at the appropriate times • ensuring a robust environmental cleaning and equipment cleaning schedule is in place and adhered to • ensuring all patient equipment is effectively decontaminated if soiled • ensuring the laundry area of the home is maintained clean, tidy and free from clutter <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: Spread of infection training on management of infection and control has been delivered. Suitable arrangements are in place to minimise the risk of infection</p>
Area for improvement 2 Ref: Regulation 19 (2) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure complaints and training records are available for inspection.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: All records are available for inspection at any time.</p>
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: 5 August 2019	<p>The registered person shall ensure that the management of distressed reactions is reviewed to ensure that all of the appropriate records are completed.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: Any patient on PRN medication has a care plan detailing how and when to administer</p>

<p>Area for improvement 2</p> <p>Ref: Standard 43.1</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure effective signage is used to orientate patients within the home.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Signage was put up in the Dementia suite as requested.</p>
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Please ensure this document is completed in full and returned via Web Portal



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