



The Regulation and
Quality Improvement
Authority

Unannounced Post – Registration Care Inspection

Name of Establishment: Corriewood Private Clinic
Establishment ID No: 1076
Date of Inspection: 27 January 2015
Inspector's Name: Lorraine Wilson
Inspection ID IN021114

The Regulation And Quality Improvement Authority
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1.0 General Information

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| Name of Home: | Corriewood Private Clinic |
| Address: | 3 Station Road Castlewellan BT31 9NF |
| Telephone Number: | 028 43778230 |
| E mail Address: | corriewoodrqia@btconnect.com |
| Registered Organisation/ Registered Provider: | Mrs Anne Monica Byrne & Mrs M.I. McGrady |
| Registered Manager: | Ms Teresa Josephine McClean |
| Person in Charge of the Home at the Time of Inspection: | Ms Teresa Josephine McClean |
| Categories of Care: | RC-I, NH-LD, NH-MP, NH-I, NH-PH, NH-PH(E), NH-TI |
| Number of Registered Places: | 56 |
| Number of Patients Accommodated on Day of Inspection: | 51+ 1 patient was in hospital |
| Date and Type of Previous Inspection: | 8 December 2014, Pre-Registration inspection |
| Date and Time of Inspection: | 27 January 2015, Post- Registration inspection 10.20 hours - 16.50 hours |
| Name of Inspector: | Lorraine Wilson |

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with registered providers
- discussion with the registered nurse manager
- discussion with staff
- discussion with patients individually and to others in groups
- discussion with two visiting relatives
- examination of records pertaining to activities and events
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints, accidents and incidents records
- evaluation and feedback
- observation during a tour of the premises.

1.3 Inspection Focus

A post registration of the recently registered facilities of Spring Well and Wild Forest Suites within Corriewood Clinic was undertaken.

The post registration inspection sought to establish that patients recently admitted to Spring Well Suites as well as those transferred to the Wild Forest suite from the original home were receiving care and treatment in compliance with the requirements of The Nursing Homes Regulations (Northern Ireland) 2005, and the Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards. (2008)

An inspection of Ansley House which is the original building of Corriewood Clinic was also inspected.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

2.0 Profile of Service

Corriewood Private Clinic is situated on the outskirts of the town centre of Castlewellan. The home was originally a gentleman's residence and has extensive grounds.

Two newly developed suites are now operational, and a phased development continues to be ongoing. A further construction of 24 single bedrooms will complete the development phase enabling the transfer of the remaining patients from the old home to the new premises in mid-2015.

The original building known as Ansley House continues to accommodate a maximum of twenty patients within the categories NH-I, NH-PH, NH-PH(E), MP(E),(4 identified patients)NH-TI.

Wild Forest Suite is a purpose built facility located on the ground floor of the new development. The suite can accommodate a maximum of 22 nursing patients. Twenty patients within the categories NH-1, NH-PH, NH-PH (E), NH-TI had recently transferred from the original nursing home.

Spring Well Suite is a purpose built facility located on the first floor of the new development. The suite can accommodate a maximum of 14 nursing patients within the categories NH-LD, NH-LD (E). The majority of patients accommodated had been assessed as requiring nursing care and had recently transferred from another facility. Two of the 14 beds are designated to provide respite care to patients living in the community. On the day of inspection, one patient was receiving respite care.

The nursing home is owned and operated by Mrs A M Byrne and Mrs M I McGrady.

The current registered manager is Mrs T McLean, and Mrs McLean has been registered manager of the home for many years.

A walk through corridor has been developed between the original building and the new development on the ground floor. Accommodation for patients is provided on both floors of the original home, and on both floors of the new development. Access to the first floor of the original building and new development is via a passenger lift and stairs.

Communal lounge and dining areas are provided in the original building and in each suite of the suites of the home.

Each bedroom in the new development has en-suite shower facilities and are easily accessible for wheelchairs. In addition a number of communal sanitary facilities are available throughout the home.

The home also provides catering and laundry services on the ground floor of the original home.

Patients can currently access the home's extensive grounds. Increased car parking facilities have been provided.

Enclosed garden facilities including a roof top garden are currently being developed and will be operational on completion of the final phase of the development.

The home is currently registered to provide care for a maximum of 56 persons under the following categories of care:

Nursing care

- I old age not falling into any other category
- PH physical disability other than sensory impairment under 65
- PH (E) physical disability other than sensory impairment over 65 years
- NH - LD &
- NH - LD (E) learning disability under 65 years to a maximum of 16 patients.
- MP (E) mental disorder excluding learning disability or dementia over 65 years, limited to 4 identified patients.
- NH- TI terminally ill

3.0 Summary

This summary provides an overview of the services examined during an unannounced care inspection to Corriewood Clinic, a registered nursing home. The inspection was undertaken by Lorraine Wilson, nursing home inspector, on 27 January 2015 from 10.20 to 16.50 hours.

The inspector was welcomed into the home by Mrs T McLean, registered manager who was available throughout the inspection.

Verbal feedback of the issues identified during the inspection was given at the conclusion of the inspection to Mrs MI McGrady, registered person, Ms M McGrady, assistant manager, Mrs T McLean, registered manager.

The inspector discussed operational issues with the registered manager, met with patients, staff and observed care practices and examined a selection of legislative records to determine compliance with regulations. Two visiting relatives met briefly with the inspector.

A general inspection of the nursing home environment was also carried out as part of the inspection process.

The inspector spent periods of time observing care practices and patient interaction in the Springwell Suite, Wild Forest and Ansley House.

The inspector reviewed the following information:

- care records
- care practices
- activity provision
- meals and mealtimes
- governance arrangements
- financial arrangements
- complaints
- accidents and incidents
- management and staffing
- staff recruitment
- staff training
- general environment
- Infection prevention and control and cleanliness

A number of patients discussed their experience of living in the home and the care and treatment they were receiving.

The inspector met with staff on duty and discussed a range of issues including the training provided and the support arrangements in place. Details of the findings for each area are recorded in section 5 below.

There were no requirements or recommendations issued during the previous pre- registration care inspection undertaken on 08 December 2014.

Conclusion

The inspector concluded that good planning processes were implemented to manage the relocation transfer of patients in Springwell from another facility. Staff confirmed they continue to get to know the individual needs of these patients, and outcomes from care reviews indicate patients are settling well.

Patients in Wild Forest had recently transferred to their new bedrooms and were still settling in. The disruption to patients in Ansley house had been minimised and it is anticipated that upon completion of the final development phase they will also transfer to new facilities.

The delivery of care to patients was mostly evidenced to be in compliance with regulations and associated nursing homes standards. In addition there were effective management processes in place.

The general environment was well maintained and patients were observed to be treated with dignity and respect.

A number of areas for improvement were identified. These were in relation to completion of care records, care practices, the development of an escort policy, staff induction, medicines management, infection prevention and control and storage in the home. A minor maintenance issue was also identified. Senior management provided an assurance that issues identified would be addressed.

Eight recommendations were made during this inspection.

The inspector would like to thank the patients, relatives, the registered persons and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

There were no requirements and or recommendations made during the previous pre-registration inspection undertaken by the care inspector on 8 December 2014.

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection on 8 December 2014, RQIA have received no complaints or concerns in respect of Corriewood Clinic and no safeguarding of vulnerable adult (SOVA) notifications have been received by RQIA in respect of Corriewood Private Clinic.

5.0 Areas Examined

5.1 Care Records

Each patient had a care record in place and the care records of two patients accommodated in the Springwell suite were reviewed in detail during this inspection.

These evidenced that pre-admission assessments were completed prior to patients being admitted to ensure that patients' needs could be met by the home.

On admission each patient had a detailed assessment of their needs and based on the assessment outcome, care plans were developed to guide staff on the care and treatment to be provided.

An admission sheet was in place; however, in the records reviewed not all information had been fully completed.

The majority of patients have complex medical conditions. A range of specific risk assessment tools relevant to the needs of individual patients were used to assess patient risk.

Examples of risk assessments tools included:

- Client handling assessments
- Pressure area risk assessment
- MUST nutritional risk assessment
- Falls risk assessment

In addition there was evidence of multidisciplinary working with specific assessments completed by specialists such as speech and language therapists (SALT). Following completion of these assessments by speech and language therapists, the inspector evidenced that care and treatment plans which provided visual cues when providing assistance to patients during mealtimes had been developed for use. This is good practice.

There were good examples of person centered care plans in respect of pain management for individual patients, and epilepsy management plans were in place for identified patients.

Where restrictive practices such as bed rails or the use of lap straps were required these were identified. Safety checks to monitor patient safety had been implemented by nursing staff. However, the template used to complete the checks was a tick box format which was not specific in providing the required information to be completed.

In each patient's care record, contemporaneous records were recorded by nursing staff to reflect the care and treatment provided on a daily basis. Some daily statements reviewed included objective information, for example, "incontinence needs attended to". The inspector was not assured that this information was sufficiently explicit to reflect the care given.

A key principle of good record keeping is that care records provide information about the care given which can be understood by patients.

Nursing staff confirmed that commissioners of care had undertaken reviews of the majority of patients who had transferred to Springwell Suite from another facility. The care reviews were held in the home. The review process offered patients, their relatives, professional representatives and identified nursing staff the opportunity to discuss, agree and contribute to the planned care to be given, as well as discussing arrangements for future and ongoing care.

It was acknowledged that patients required some time to settle into their new facility. The information provided indicated that patients who had transferred were settling well.

The inspector concluded that care records were well organised and mostly person centered to reflect the care and treatment being provided to individual patients.

However, the following shortfalls were identified and in need of improvement for example:

- the information on the admission sheet was not fully completed
- some names of patients and dates were not always recorded
- care plan agreement forms were not always signed by the patient's representative
- the template for recording safety checks for the use of restrictive practice should be reviewed
- in relation to the delivery of care daily nursing records did not always provide clear information which could be understood by patients, for example, in respect of continence care
- a robust process with regard to the traceability and management of bowel function referencing the Bristol Stool Chart, should be in place.

To ensure areas for improvement are identified and effectively addressed, an audit of care records should be undertaken by management. To ensure audits findings have been acted upon and addressed a re-audit should also be completed. A recommendation is made.

5.2 Care Practices

The majority of patients in Springwell suite had transferred from another facility and prior to their transfer, identified staff from Corriewood had spent time in the previous facility meeting patients and getting to know their individual needs. This was good practice.

The inspector spent time in Springwell suite, meeting with patients, observing care practices, and observing staff interaction with patients.

The majority of patients were observed sitting in the lounge. Many of the patients were unable to communicate verbally with each other. Some of the staff were aware of the non-verbal signs which were used by patients when communicating their needs, for example, if the patient was happy, sad, hungry or in pain. Care staff were observed in attendance in the lounge and were interacting with patients, by spending time on a one to one basis and some staff were observed providing reassurance to patients. The communication and interaction observed demonstrated that patients were treated courteously, with dignity and respect.

The management of restrictive practices, such as the use of bed rails and lap belts was discussed with nursing staff. Confirmation was provided that safety checks were in place to keep patients safe within the care environment. However, the inspector was not assured that the information recorded in the template used was sufficiently clear to evidence what checks were being completed and the reasons why. In addition there was insufficient information to

evidence that patients and or their representatives were included in the decision making for these checks.

During the afternoon, the inspector spent time in the Wild Forest Suite and also met with patients in Ansley House. The majority of patients were observed sitting in the two lounges in use, whilst others were observed in their bedroom. In one lounge visitors were also in attendance and the inspector observed chat and banter between patients and visitors in this lounge.

Some patients spent time on bed rest during the afternoon to aid pressure relief, whilst others were observed in their bedroom reading, watching television and one patient was knitting.

Staff used a communication book to communicate with each other. Information recorded in one entry directed night staff to assist four named patients to get up early. This practice was discussed with the registered nurse on duty. Confirmation was provided that the patients named were due to attend day care and needed to be ready in time for transport arriving.

To ensure patients receive care and treatment individual to their needs, specific arrangements such as preparation for day care should be included as part of each patient's care plan which has, where possible, been agreed with the patient or their representative. This was discussed with the registered nurse on duty. A recommendation is made that this practice is immediately reviewed.

The patients who were able confirmed that choice was respected by staff who were attentive and caring and ensured their care needs were met. There were no issues raised by patients during this inspection.

5.3 Activity Provision

As previously indicated in 5.2, there are four patients accommodated in Springwell suite who attend day care facilities outside of the home several days each week.

The inspector was informed that there is no designated person for activities in Springwell suite, and the provision of activity is co-ordinated by nursing staff on a daily basis. Nursing staff confirmed that they had been in touch with a specialist organisation in relation to obtaining effective activity information suitable for patients.

Care records reviewed included some information for patients' choices in preferred social activity.

An activity board was observed on display, though the information was handwritten and was not considered a suitable format for all patients. Pictorial information should also be considered. A recommendation is made.

A music therapist who used aids and sensory equipment was observed in attendance in Springwell suite during the morning period. Management and nursing staff confirmed that individual sessions were provided to some patients one day each week, and had been enjoyed and beneficial to patients.

A patient spent the morning in the company of a family member, and during the afternoon visitors were observed in attendance within Wild Forest Suite.

Some patients in the main home confirmed to the inspector that they enjoyed all of the activity that was going on for example watching builders who were at work.

5.4 Meals and Mealtimes

The inspector observed the serving of the lunch meal in the Springwell Suite. Meals were delivered in a heated trolley from the main kitchen to the dining rooms.

The inspector was informed that to minimise risks and to ensure patients' safety, the dining tables are set prior to the serving of meals.

Patients were served their lunch in the dining area of the lounge and one patient was served their meal in the lounge as this was their preference. The lunch meal was served at 12.25 hours.

As stated previously, several patients in Springwell Suite had received an assessment of their swallow from a speech and language therapist.(SALT) A treatment plan for each patient's individual needs was recorded on a table mat that staff used as a visual cue when providing assistance.

Staff wore protective clothing when serving meals, and they were observed providing assistance and support to patients who required it in a mostly respectful manner. However, a staff member was observed sitting on her knees on the floor when providing a patient with assistance. This practice was discussed with the registered manager who confirmed that seating stools had been provided for staff when providing assistance to patients at meal times. A recommendation is made.

The meals provided were nicely presented and were reflective of the of patients' needs with regard to the type of diet required. During mid -afternoon, patients were offered hot/cold drinks and snacks.

5.5 Patients and Relatives Comments

The inspector had an opportunity to meet with all patients speaking individually to seven.

Patients who were able discussed the care and treatment they were receiving, though several patients living in the home who were unable to provide a verbal view to the inspector.

Patients who had transferred from the original home to Wild Forest Suite confirmed that they were beginning to "settle in" to their individual bedrooms. One patient advised that they enjoyed having their own shower and en-suite in their room. Another patient confirmed that they were enjoying making their bedroom homely and comfortable with personal items.

Examples of comments made by patients included:

- "I have been in the home since September, I have no concerns or worries, I feel safe and have settled very well"
- "I like my new bedroom, it is very nice"
- " the staff are attentive and will try to do their best for you"
- "the food is tasty and there is plenty of it"

Two relatives also met briefly with the inspector and commented positively on the care environment, and were also positive in their comments about the staff team and the care delivery.

During this inspection there were no concerns raised by patients or relatives with the inspector.

5.6 Governance

Suitable processes were in place to ensure there was good supervision of the service by the registered persons. This was evidenced by review of monthly monitoring visits. The monthly monitoring visits were undertaken in compliance with regulations and indicated that since December 2014, visits were undertaken more frequently, for example, visits had been completed fortnightly and at weekends during the recent changes.

The registered manager had also enhanced governance arrangements. A weekly report is now completed by each unit and forwarded to the registered manager. The report provides the manager with relevant data in respect of each unit, for example, incidents, accidents, notifiable events as well as a synopsis in respect of each patient, including any changes in condition or treatment. This practice ensures the registered manager maintains an overview of what is occurring in the home.

An operational policy which is currently under review by management is in place for day and night staff.

5.6.1 Financial Arrangements

On admission each patient is issued an individual patient agreement which specifies the services and facilities provided how they are paid and who is responsible for paying these charges.

The inspector discussed the home's escort policy with the registered manager. Whilst there was no specific escort policy, the inspector was advised that information was included in the patient guide regarding hospital admission.

A clear policy and procedure should be developed for accompanying vulnerable service users to appointments outside of the home, including the procedure for those service users with no next of kin.

This information should be incorporated into the patient's guide and the service user agreement. In addition confirmation should be provided that a copy of the home's escort policy has been forwarded to the referring Health and Social Care Trust. A recommendation is made.

5.6.2 Complaints

Details of how to make a complaint are included the individual patient agreement.

The complaints records and analysis from November 2014 to date of inspection were reviewed. They indicate that one complaint recorded during that timeframe had been locally resolved. Springwell Suite became operational in December 2014, and no complaints were recorded for January 2015.

Confirmation was provided by the registered manager that there were no outstanding complaints at the time of inspection.

As part of the monthly monitoring of the service, the registered provider reviews complaints received and the action taken by management to determine if there is learning for the service or if there are changes to staff practice which require implementation.

5.6.3 Accidents and Incidents

It is a requirement under regulations pertaining to notifications that RQIA are informed without delay of specific types of accidents and incidents which occur in the home. Examples include serious injury to a patient or allegations of abuse.

Processes for recording and reporting notifications were in place.

The accidents and incidents analysis from November 2014 to the date of inspection were reviewed, and indicated that accident and incident levels in the home were low.

5.7 Management and Staffing

The registered manager is a registered nurse with many years' experience in the management role who demonstrates a clear understanding of the regulations and standards expected for the service.

An assistant manager provides business and management support to the manager. The assistant manager advised, that consideration is being given to increasing the clinical management structure upon completion of the final phase of the development. This would be beneficial in supporting the registered manager.

The duty rosters for the facility were reviewed, and evidenced that sufficient numbers of skilled and experienced staff were employed to meet the needs of patients on day duty.

Management have successfully recruited a number of registered nurses who have an RMNH qualification to provide care to patients in Springwell Suite on day duty.

On night duty, a registered nurse works between the Springwell and Wild Forest Suites. This arrangement should be kept under review by the registered manager to ensure the needs of patients on both floors are being met by skilled and experienced staff.

The registered manager advised that due to sick leave, agency nursing staff were employed to cover some night duty shifts in Ansley House. Confirmation was provided that agency nurses are rarely designated as the overall nurse in charge of the home, and are usually on duty with permanent nursing staff from the home.

Many of the care staff spoken with had recently commenced employment and were still in the process of induction and getting to know the patients in their care. Some of the staff had previously worked within a community care setting whilst others had no previous experience. The staff confirmed that they were receiving training and support to assist them in their role.

5.7.1 Staff Comments

The inspector met with seven staff of various grades throughout the inspection process.

Staff confirmed that any queries raised were addressed in a timely and professional manner, and all confirmed they were receiving support from management to assist them in their roles.

Care and nursing staff consulted confirmed that they had received training on safeguarding vulnerable adults. The staff advised the inspector that they recognised patients were vulnerable and would not hesitate to report any concerns they had about care practices.

Staff comments included:

“I enjoy working here and love the client group”

“We are well supported and at the minute I have no concerns”

“The new development is lovely and bright and though it has been hard work, it is a lovely environment for patients”

“We have opportunities for training and I have attended a number of training sessions”

5.7.2 Staff Recruitment

The recruitment records for two staff were reviewed as part of this inspection. Overall the required information and recruitment checks were obtained prior to persons being offered employment.

The inspector noted that previous employers were not always completing the requested staff reference proforma issued by the home's management, whilst other employers confirmed the period of employment for the employee. This was discussed with the registered person, registered manager and assistant manager.

The importance of providing a traceable record of the action taken by management when the required reference information could not be acquired was reinforced.

5.7.3 Staff Training

Staff training records were maintained by management. There was evidence that staff received induction on commencement of employment. In two of the induction training records reviewed, the staff member's induction had been signed off as being completed on the same day. This was discussed with management and the importance of completing staff induction over a period of time was reinforced. A recommendation is made.

Upon completion of induction, a job role competency test devised by management is completed by care staff, in topics such as adult abuse, infection prevention and control, manual handling, person centered care, and recording and reporting. A range of questions were asked in respect of each topic and the information used to assess employee understanding.

The training records reviewed demonstrated that during recent months staff had received a range of training on relevant topics such as;

- Record Keeping
- Protection of Vulnerable Adults from Abuse

- Safeguarding Vulnerable Adults
- Confidentiality
- Whistleblowing
- First Aid
- Behaviour Management
- Epilepsy Management
- Swallow Awareness
- Client Handling
- Infection Prevention and Control
- Health and Safety training on the use of equipment

The inspector was unable to ascertain if all staff employed had received First Aid and CPR training. This was discussed with the registered manager who confirmed that at the time of inspection, all staff working in the home had completed First Aid and CPR training.

In compliance with regulations, the registered manager also completes competency and capability assessments for registered nurses who are in charge of the home in the absence of the manager. These assessments were not reviewed on this occasion.

5.8 General Environment

This inspection focused mainly in all areas of the recently registered Wild Forest and Springwell suites.

A sample of patient bedrooms, communal facilities, and bathroom/shower and toilet facilities in Ansley house were also examined.

Management had taken account of the ongoing development to limit risks and minimise disruption to patients living in Ansley house.

Wild Forest and Springwell are both purpose built suites. The general care environment was well planned for the comfort of patients and is tastefully decorated and furnished to a good standard. The home was clean and well maintained.

All bedroom accommodation is single occupancy, with en-suite shower facilities. Each bedroom is furnished with a profiling bed, a range of furniture which provides storage and lockable space for personal possessions. Televisions were observed and a telephone is available as required. A nurse call system is available in each bedroom.

A number of bedrooms had been decorated with personal items belonging to patients and in some cases the inspector observed that patients were still in the process of decorating their rooms with personal items to provide a homely and comfortable environment.

In addition to the en-suite shower facilities, toilets are located throughout the home.

In each suite two dining/communal lounges are provided and a snack kitchen area is available for patient/representatives. One ceiling in a dining /communal lounge in Springwell suite was stained with what looked like water damage. This was discussed with the registered persons. Confirmation was provided that this occurred during maintenance. A recommendation is made that this addressed.

A number of storage areas are located within each suite throughout the home.

During a review of the care environment, the inspector observed that the medicine trolley for Springwell Suite was stored inappropriately in that the medicine trolley was chained to a handrail in an area beside the treatment room. The inspector observed that space in the treatment room for the medicine trolley was limited due to the amount of equipment and other items being stored. This was discussed with senior management who advised that the lack of treatment room space had been identified. Confirmation was provided that during the next development phase, plans to increase treatment room storage are in place. Whilst acknowledging plans to address this deficit are in place, interim arrangements must be made for the safe storage of the medicine trolley. A recommendation is made.

5.8.1 Infection Prevention and Control

There was evidence of a supply of personal protective equipment (PPE) being available for staff throughout the home. Alcohol gel was being used and was observed to be appropriately located in relevant areas. However, alcohol gel had dripped down the walls as the container did not have reservoir trays in several areas.

A communally used wheelchair was being stored in one communal toilet area in Springwell Suite. The wheelchair was in need of cleaning and rusted areas were observed. Robust arrangements must be in place to ensure that patient equipment which is used communally is effectively cleaned and decontaminated after each use.

In addition, the use of a toilet area for storage of patient equipment is not acceptable due to risks of cross contamination, and again highlights the need for sufficient storage throughout the home.

The concerns identified in relation to infection prevention and controls were discussed with senior management. An assurance was provided to the inspector that all of the identified issues would be addressed. A recommendation is made.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Teresa McLean, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Lorraine Wilson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Announced Post-Registration Care Inspection

Corriewood Private Clinic

27 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs T McLean, registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

| Recommendations | | | | | |
|---|-----------------------------------|---|-------------------------------|---|-------------------------|
| These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery. | | | | | |
| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
| 1. | 5.5 | <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"> • information on admission sheets should be fully completed • names of patients and dates should always be recorded • care plan agreement forms should be signed by the patient’s representative • the template for recording safety checks for the use of restrictive practice should be reviewed • daily nursing records must always provide clear information in relation to care delivered • a robust process for traceability and management of bowel function referencing the Bristol Stool Chart, should be in place <p>Ref: Areas Examined, 5.1</p> | One | An audit of patient care records has commenced on 2nd February and is ongoing. Each shortfall discussed is being effectively addressed. | From date of inspection |

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|----|-------|---|-----|--|-------------------------|
| 2. | 5.3 | <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>Ref: Areas Examined, 5.2</p> | One | <p>The patients who get up early do so to facilitate them being able to attend day care. The direction left was a reminder for staff as the patients were late for their bus on numerous occasions, which is documented. Families are fully involved with this decision. An audit being carried out on care plans will resolve any gaps found in documenting same.</p> | From date of inspection |
| 3. | 13.4 | <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>Ref: Areas Examined, 5.3</p> | One | <p>The programme of activities displayed now includes a pictorial format.</p> | 18 March 2015 |
| 4. | 12.10 | <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> <p>Ref: Areas Examined, 5.4</p> | One | <p>The manager will ensure that all staff use the stools provided when assisting patients</p> | From date of inspection |

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|----|------|--|-----|--|--|
| 5. | 26.1 | <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> <p>Ref: Areas Examined, 5.6.1</p> | One | <p>Our current policy "hospital Visits" is attached however it will be further developed and sent on to RQIA on completion.</p> <p>When the new policy is described it will be included in the patients guide and the referring trust will receive a copy.</p> | When returning the Quality Improvement Plan. |
| 6. | 30.1 | <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>Ref: Areas Examined, 5.7</p> | One | Staffing arrangements are continually kept under review. | From date of inspection |

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|----|------------------------------|---|-----|--|--|
| 7. | 28.1 | <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>Ref: Areas Examined, 5.7.3</p> | One | Staff induction for new staff is currently ongoing and follows the NISCC guidelines. | From date of inspection |
| 8. | 32.1 37.1 34.1 35.3 | <p>The registered manager should ensure and confirm that:</p> <ul style="list-style-type: none"> • damage to one identified ceiling has been repaired • interim storage arrangements have been implemented for the medicine trolley in one identified suite to ensure safe storage • alcohol containers are fitted with suitable equipment to minimise dripping • to avoid cross contamination wheelchairs are removed from storage in communal toilets • robust systems are in place to keep communal equipment clean and decontaminated after each patient use. <p>Ref: Areas Examined, 5.8 and 5.8.1</p> | One | <ul style="list-style-type: none"> • The damaged tile on the ceiling was replaced • The medicine trolley is stored in the medicine store • Alcohol containers with trays are being sourced • Wheelchairs are stored in the wheel chair store • A decontamination of equipment schedule is in place. | When returning the Quality Improvement Plan. |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---|----------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Teresa McClean |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Imelda McGrady |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | Lorraine Wilson | 25/03/15 |
| Further information requested from provider | | | |