



# Unannounced Enforcement Care Inspection Report 5 August 2019



## Corriewood Private Clinic

**Type of Service: Nursing Home (NH)**  
**Address: 3 Station Road, Castlewellan BT31 9NF**  
**Tel no: 028 4377 8230**  
**Inspectors: Gillian Dowds, Michael Lavelle,  
Catherine Glover and Paul Nixon**

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 79 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Corriewood Private Clinic</p> <p><b>Responsible Individuals:</b> Anne Monica Byrne</p>	<p><b>Registered Manager and date registered:</b> Catherine Lenaghan (Acting)</p>
<p><b>Person in charge at the time of inspection:</b> Catherine Lenaghan</p>	<p><b>Number of registered places:</b> 79</p> <p>A maximum of seven patients in category NH-DE to be accommodated in the Oak Tree Suite.</p> <p>A maximum of 23 patients in category NH-LD/LD(E) to be accommodated in the Spring Well Suite.</p> <p>Four identified patients in category NH-MP accommodated in the Wild Forest Suite.</p> <p>The home is also approved to provide care on a day basis to 2 persons.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 71</p>

### 4.0 Inspection summary

An unannounced inspection took place on 5 August 2019 from 09.20 hours to 15.20 hours.

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.

The inspection sought to assess the level of compliance achieved in relation to four Failure to Comply (FTC) Notices. The date of compliance with the notices was 5 August 2019.

The following FTC Notices were issued by RQIA:

FTC ref: FTC000046, FTC000048, FTC000049 and FTC000050 issued on 4 June 2019.

Evidence was available to validate compliance with the Failure to Comply Notices.

During this inspection we identified areas for improvement in relation to induction of staff and supplementary care records.

The home has recently implemented a new medicines system and medicine administration records. An area for improvement was identified in relation to the completion of these records. In addition discrepancies were noted in inhaled and anticonvulsant medicines. These medicines should be closely monitored and an area for improvement was identified.

The findings of this report will provide Corriewood Private Clinic with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	*5

\*The total number of areas for improvement includes two which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Catherine Lenaghan, Acting Manager, Anne Monica Byrne, Responsible Individual, Marie McGrady, Operations Manager and Angela McKeever as part of the inspection process. The timescales for completion commence from the date of inspection.

Further enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- the failure to comply notices.

During the inspection the inspector met with two patients and five staff.

The following records were examined during the inspection:

- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- management of controlled drugs,
- care planning in relation to distressed reactions
- medicine management audits
- storage of medicines
- stock control
- duty rota for all staff for week commencing 5 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- seven patient care records
- two staff recruitment and induction files
- incident and accident records
- a selection patient care charts including fluid intake charts and reposition charts
- staff training records
- a sample of governance audits/records
- complaints records
- a sample of reports of visits by the registered provider.

Areas for improvement identified at the last medicines management inspection on 21 May 2019 and care inspection on 23 May 2019 were reviewed and assessment of compliance recorded as met, partially met, or not met.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspections dated 21 and 23 May 2019**

The most recent inspections of the home were unannounced care and medicines management inspections. The completed QIP was returned and approved by the care and pharmacist inspectors.

## 6.2 Review of areas for improvement from the most recent inspections dated 21 and 23 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	<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"> <li>ensuring staff use appropriate personal protective equipment at all times and discard it appropriately</li> <li>ensuring staff take the opportunity for hand hygiene at the appropriate times</li> <li>ensuring a robust environmental cleaning and equipment cleaning schedule is in place and adhered to</li> <li>ensuring all patient equipment is effectively decontaminated if soiled</li> <li>ensuring all areas of the home are clean, tidy and free from clutter.</li> </ul> <p>Ref: 6.2.2</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 19 (2) <b>Stated:</b> First time	<p>The registered person shall ensure complaints and training records are available for inspection.</p> <p>Ref: 6.2.5</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of complaints records and training records evidenced this area for improvement has been met.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure that the management of distressed reactions is reviewed to ensure that all of the appropriate records are completed.  Ref: 6.2.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of distressed reactions had been reviewed. Medicines for distressed reactions are used infrequently within the home. Care plans were in place and the reason for and outcome of administering the medicines had been recorded.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 43.1 <b>Stated:</b> First time	The registered person shall ensure effective signage is used to orientate patients within the home.  Ref: 6.2.2	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

### 6.3 Inspection findings

FTC Ref: FTC000046

#### Notice of failure to comply with Regulation 10 of The Nursing Homes Regulations (Northern Ireland 2005)

**Regulation 10. —**

*(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.*

In relation to this notice the following actions were required to comply with this regulation.

- The registered persons must ensure that systems are in place to advise management when patients do not have a supply of their prescribed medicines.
- The registered persons must ensure that the registered manager or her representative delivers services effectively on a day-to-day basis in accordance with legislative requirements.

- The registered persons must ensure that RQIA is notified of all incidents/accidents occurring in the home in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. This includes retrospective notification of events identified during the inspections on 21/23 May 2019.
- The registered persons must ensure that the registered manager establishes, implements and sustains robust quality monitoring and governance systems in relation to the registration of staff with their professional bodies, medication management, care records, falls, accidents and incidents, wounds, restrictive practice, infection prevention and control/environment and complaints.
- The registered persons must ensure that the monthly monitoring reports, are completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and contain clear, time-bound action plans, detailing all areas of improvement required. The completed Regulation 29 report should be shared with the manager and the senior management team to ensure that the required improvements are made.
- The registered persons must ensure that a copy of the monthly monitoring reports is submitted on a monthly basis to RQIA until further notice. This should be with RQIA no later than three days after the last day of the month.

Evidence was available to validate compliance with the Failure to Comply Notice.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

Systems for ordering medicines had been reviewed and all medicines were in stock.

The acting manager acknowledged the challenges the recent enforcement activity posed and we were assured they were delivering services effectively with the support of the senior management team.

Review of accident and incident records evidenced these were managed in accordance with the regulations; there had been retrospective notification of events identified during the inspections on 21/23 May 2019. The records included a mixture of RQIA, health and social care trust and internal documentation. We advised the senior management team to discuss with their legal advisor for the home regarding the recording of accidents/incidents and suggested the use of a bound pre-printed book with carbon copies would be more robust.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included care records, pressure areas, medicines, falls, accidents and incidents, infection prevention and control/environment and complaints. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required. We commended the home on the introduction of a risk register and the new deprivation of liberty policy which complimented the use of the restrictive practice assessment tool.

Review of monthly monitoring reports confirmed they were completed in accordance with the regulations. There was evidence that they were shared with the manager and generated action plans. Copies of the monthly monitoring reports were submitted to RQIA on a monthly basis as requested.



**FTC Ref:** FTC000048

**Notice of failure to comply with Regulation 13 of The Nursing Homes Regulations (Northern Ireland 2005)**

**Regulation 13.-**

*(1) The registered person shall ensure that the nursing home is conducted so as –  
 (a) to promote and make proper provision for the nursing, and health and welfare of patients;  
 (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.*

In relation to this notice the following actions were required to comply with this regulation.

- The registered persons must ensure that registered nursing staff are provided with training relevant to their role and responsibilities in relation to the completion and management of patient care records
- The registered persons must ensure that patients care records are individualised, accurately reflect their assessed needs and are kept under review
- The registered persons must ensure that falls are managed in accordance with best practice, regional guidelines and protocols
- The registered persons must ensure that an accurate record of falls occurring in the home is maintained
- The registered persons must ensure that any patient with an infection has an up to date care plan in place to direct staff in the management of the infection
- The registered persons must ensure that any patient with a wound and/or pressure ulceration has an up to date care plan in place to direct staff in the provision of wound care
- The registered persons must ensure that individual patient records reflect the wound care recommendations of the multi professional team
- The registered persons must ensure that accurate records are maintained in relation to the number, type and status of wounds in the home
- The registered persons must ensure that there are sufficient registered nursing staff available to assure the health and well-being of patients. A skill mix of 35% registered nurses and 65% care assistants should be maintained over a 24 hour period.

Evidence was available to validate compliance with the Failure to Comply Notice.

Review of records and discussion with staff confirmed that training had been delivered to registered nursing staff regarding the completion and management of patient care records.

The care records reviewed evidenced personalised care plans were in place for patients and kept under review. Wound and nutrition care plans were reflective of professional recommendations and up to date care plans were in place for patients with wounds and also infections. Records for the management of falls reviewed confirmed these were managed in accordance to best practice, regional guidelines and protocols. Review of records indicated that wounds were audited regularly and were maintained in relation to the type and status of the wounds in the home.

Review of the duty rota for week commencing 5 August 2019, discussion with staff and observation of practice confirmed that there was an appropriate skill mix and sufficient registered nurses to meet the needs of the patients and assure their health and well-being.

**FTC Ref:** FTC000049

**Notice of failure to comply with regulation 13 of The Nursing Homes Regulations (Northern Ireland 2005)**

**Regulation 13.-**

*(4) Subject to paragraph (5) the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –  
(b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and*

In relation to this notice the following actions were required to comply with this regulation.

- The registered persons must ensure that systems are in place so that patients have a continuous supply of their prescribed medicines.
- The registered persons must ensure that robust auditing systems are developed and implemented which identify deficits in the availability of prescribed medicines and evidences the corrective action taken.
- The registered persons must ensure that systems are in place to ensure that RQIA is notified when prescribed medicines are not available for administration.
- The registered persons must ensure that the controlled drug record book must be fully and accurately completed.
- The registered persons must ensure that medicines are not pre-dispensed.

Evidence was available to validate compliance with the Failure to Comply Notice.

All patients were noted to have a supply of their prescribed medicines.

The auditing arrangements within the home had been reviewed and had been effective at identifying and addressing any issues that were raised.

RQIA had been appropriately notified of any incidents that had occurred regarding medicines.

The controlled drug record book had been fully and accurately completed.

Medicines had not been pre-dispensed and all staff had been made aware that this practice was unacceptable.

**FTC Ref:** FTC000050

**Notice of failure to comply with regulation 21 of The Nursing Homes Regulations (Northern Ireland 2005)**

**Regulation 21.-**

- (1) *The registered person shall not employ a person to work at the nursing home unless –*
- (a) *the person is fit to work at the nursing home;*
  - (b) *subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2;*
  - (c) *he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.*
- (2) *Paragraph 1 applies to a person who is employed by a person (“the employer”) other than the registered person.*
- (3) *Paragraph 1 applies to a position in which a person may in the course of his duties have regular contact with patients at the nursing home.*
- (4) *The registered person shall not allow a person to whom paragraph (2) applies to work at the nursing home in a position to which paragraph (3) applies, unless – confirmed in writing to the registered person that he is so satisfied.*
- (5) *For the purposes of paragraphs (1) and (4), a person is not fit to work at a nursing home unless –*
- (i) *each of the matters specified in paragraphs 1 to 7 of Schedule 2;*
- (6) *The registered person shall ensure that all health care professionals are covered by appropriate professional indemnity.*

In relation to this notice the following actions were required to comply with this regulation.

- The registered persons must ensure that all staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.
- The registered persons must ensure that all care staff are registered with the appropriate professional body.
- The registered persons must ensure that all registered nursing staff are appropriately registered with the Nursing Midwifery Council (NMC).

Evidence was available to validate compliance with the Failure to Comply Notice.

Review of two staff recruitment files confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work with the patients in the home. Review of one file confirmed a pre-employment health assessment was not obtained before an offer of employment was made. This was discussed with the manager and the responsible individual and assurances were given that a recruitment checklist would be devised by the human resources team. This will be reviewed at a future care inspection.

We cross referenced the names of staff on the duty rota with the names of staff on the Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) register. The manager had a robust system in place to monitor staffs’ registrations with their relevant professional bodies.

## Additional areas inspected

### Medicines management

Since the last inspection the home has introduced a new medicines blister pack system and medicine administration record (MARs). It was noted during the inspection that there were sometimes unexplained omissions in these records. The management of the home were advised to closely audit these records to ensure that they are fully and accurately completed. An area for improvement was identified.

Discrepancies were noted in the audits for some anticonvulsant and inhaled medicines. Some other audits could not be completed as the date of opening had not been recorded. Details of these discrepancies were discussed with the home management. These medicines should be closely monitored through the routine audit process to ensure that they are being administered as prescribed. An area for improvement was identified.

### Induction of staff

We reviewed induction records for two recently recruited staff. One record failed to evidence the staff member had completed a comprehensive induction. An induction had been completed prior to their start date and the staff member had been signed off as competent regarding elements of care activity. This was discussed with the senior management team during feedback and assurances were given that the induction process will be reviewed. An area for improvement under the care standards was made.

### Supplementary care records

Oversight of the supplementary care records was not consistently reflected in the daily evaluation of care with regards to food and fluid intake and bowel monitoring. This was discussed with the senior management team during feedback and assurances were given that this will be reviewed. An area for improvement under care standards was made.

### Areas for improvement

Four new areas for improvement were identified in relation to completion of medicine administration records, administration of inhaled and anticonvulsant medicines, induction of staff and oversight of supplementary care records.

	Regulations	Standards
Number of areas for improvement	0	4

## 6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices.

Additional areas for improvement have been identified in the QIP at the end of this report.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Also included in the QIP are areas for improvement carried forward from the last care inspection on 23 May 2019. Details of the QIP were discussed with Catherine Lenaghan, Acting Manager, Anne Monica Byrne, Responsible Individual, Marie McGrady, Operations Manager and Angela McKeever 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 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

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<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"> <li>• ensuring staff use appropriate personal protective equipment at all times and discard it appropriately</li> <li>• ensuring staff take the opportunity for hand hygiene at the appropriate times</li> <li>• ensuring a robust environmental cleaning and equipment cleaning schedule is in place and adhered to</li> <li>• ensuring all patient equipment is effectively decontaminated if soiled</li> <li>• ensuring the laundry area of the home is maintained clean, tidy and free from clutter.</li> </ul> <p>Ref: 6.2.2</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

### Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 43.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 September 2019</p>	<p>The registered person shall ensure that MARs sheets are fully and accurately completed.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Audits completed on MARS sheets show that the records are completed accurately</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2019</p>	<p>The registered person shall closely monitor inhaled and anticonvulsant medicines to ensure that they are administered as prescribed.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Audits show that inhaled and anticonvulsant medication are administered as prescribed</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure all staff who are newly appointed, including agency staff and students, complete a structured orientation and induction and records are retained.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Inductions are completed and records retained</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2019</p>	<p>The registered person shall ensure oversight of the supplementary care records by the registered nurses, in relation to fluid intake and bowel management. Nursing staff must evaluate the effectiveness of care delivery.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Nursing staff have been informed of their responsibilities in overseeing supplementary care records and act on information</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care