

Inspection Report

11 March 2022



Corriewood Private Clinic

Type of Service: Nursing Home
Address: 3 Station Road, Castlewellan, BT31 9NF
Tel no: 028 4377 8230

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Corriewood Private Clinic</p> <p>Responsible Individuals: Ms Anne Monica Byrne Mrs Imelda McGrady Mrs Maria Therese McGrady - Applicant</p>	<p>Registered Manager and date registered: Mrs Teresa Josephine McClean 1 April 2005</p>
<p>Person in charge at the time of inspection: Mrs Teresa Josephine McClean</p>	<p>Number of registered places: 79 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) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 69</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides care for up to 79 patients. The home is divided into four units. Wild Forest and Annesley House which provides general nursing care. Spring Well which provides care for people with a learning disability and Oak Tree which provides care for people with a dementia. Patients have access to communal dining rooms, lounges and gardens from each unit.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 March 2022 from 9.30am to 4.00pm by a care inspector.

This inspection sought to assess progress with issues raised on the previous quality improvement plan and focused on staffing arrangements; care delivery and record keeping and management of the environment and infection prevention and control.

Of the nine areas for improvement identified at the previous inspection, seven were met and two were partially met. The two which were partially met were in relation to infection prevention and control and meal choice for patients who require modified diets. Both areas have been stated for a second time.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire. The daily life within the home was observed and how staff went about their work.

The findings of the inspection were discussed with the registered manager and management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 11 patients, one relative and eight staff. Patients were positive when speaking of their experience of living in the home. One told us, "Staff here are very good; can't do enough for you". Another commented, "I am happy and comfortable in the home; staff are very nice and the food is good". We received eight questionnaire responses from patients. All responses indicated that patients felt safe and thought staff were kind; the care was good and the home was well organised.

One respondent commented, “No complaints, well looked after and all the rest of it is satisfactory”. Another simply commented, “Happy here”. Staff confirmed that they enjoyed working with the patients and working in the home. Staff acknowledged the difficulties working through the Covid pandemic and were happy to see visiting restarting after a COVID-19 outbreak in the home. There was no feedback from the staff online survey received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12(1)(a) Stated: Second time	The registered person shall ensure that registered nurses evaluate the effectiveness of daily care delivery by maintaining oversight of the supplementary care charts. Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	Met
Area for improvement 2 Ref: Regulation 16(1) Stated: Second time	The registered person shall ensure that care plans detailing patients' individual needs for early morning routines are in place. Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	Met
Area for improvement 3 Ref: Regulation 12(1)(a) Stated: Second time	The registered person shall ensure that records are maintained to evidence that any early morning assistance and support provided to patients is in response to individual need or preference. Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Third time	The registered person shall ensure that care records are maintained in a person centred, sufficiently detailed and meaningful manner at all times this relates specifically to the daily and monthly evaluation of care.	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 35.6 Stated: Second time</p>	<p>The registered person shall ensure that the auditing process for care records is reviewed and further developed to ensure it is effective in driving the required improvements.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
<p>Area for improvement 3 Ref: Standard 47 Criteria (7) Stated: First time</p>	<p>The registered person shall that equipment is only used for the purpose it was designed for. This is in reference to the use of a mattress as a fall-out bedside mat.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
<p>Area for improvement 4 Ref: Standard 46 Criteria (2) Stated: First time</p>	<p>The registered person shall ensure that training provided on infection prevention and control and the use of personal protective equipment is embedded into practice.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in section 5.2.3.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>	Partially met
<p>Area for improvement 5 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that MUST assessments are accurately calculated.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	Met
<p>Area for improvement 6 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that patients who require modified meals have a choice of meal at mealtimes.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been fully met and this will be discussed further in section 5.2.2.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>	Partially met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff consulted during the inspection were satisfied that patients' needs were safely met by the staffing levels and skill mix of staff on duty. Staff had a good understanding of their own roles in the home and the roles of others. Patients raised no concerns in relation to the staffing arrangements in the home and were complimentary when speaking of the care which they received and on their interactions with staff. The relative consulted was equally complimentary and stated, "I find the care wonderful. I am always made to feel welcome when I come in by all the staff".

A staff duty rota was maintained to evidence all staff working in the home over a 24 hour period. This included nursing, care, domestic, kitchen and administrative staff. The staffs' full names were recorded and the designation in which they worked. Additional staff who were providing one to one care were also recorded on the rota. The nurse in charge of the home in the absence of the manager was identifiable on the rota.

A review of the mandatory training compliance records evidenced that 97.4 percent of staff were up to date with training such as infection control, adult safeguarding, moving and handling, falls management, record keeping and Control of Substances Hazardous to Health.

Staff were observed working well and communicating well together. In addition to the shift handover, daily shift reports were completed and shared with management identifying any areas of concern with identified patients or any updates from professional visitors in relation to patient care.

To encourage teamwork, departmental monthly meetings were conducted including nominated staff from management, care, kitchen and those responsible for the environment. Minutes of these meetings were maintained to evidence discussions had and decisions made.

5.2.2 Care Delivery and Record Keeping

Patients were presented well in their appearance and told us that they were happy in the home. Patients unable to verbalise appeared comfortable and relaxed in their surroundings. Staff were observed engaging compassionately with patients during the inspection. Visiting had restarted, by appointment only, with positive benefits to patients and those who visited them.

Patients' care records had been maintained well. The care records were maintained electronically. Care record audits had been completed to ensure the quality of record keeping. Where deficits were identified, there was evidence within the auditing records of an action plan on how to progress the deficit and a review of the action plan to ensure that the actions were completed.

Personal hygiene care plans were in place to identify the level of assistance required with this aspect of care. The care assistants providing personal care to patients recorded the care provided identifying individual aspects of care provision such as showering, shaving, eye care, oral care, nail care and/or glasses cleaned for example. An area for improvement in this regard

has now been met. The supplementary care record also identified when the room was tidied, bed changed or bed sheets checked and remain clean.

The care provision was evaluated daily within the records by day and night staff. Records of professional visits by, for example, general practitioners, speech and language therapists, dieticians and/or podiatrists were included within the evaluations and the professionals' entry was made into the care record to evidence the outcome of the visit.

Patients preferred times for rising in the morning and retiring to bed at night were recorded within care plans. Continence care plans were in place to identify patients' normal continence patterns. Bowel management had been captured well using the Bristol Stool Score and bowel management records identified the number of days between recorded bowel movements. Staff were aware of the importance on monitoring and communicating bowel management and were aware of the actions to take should the need arise when a patients bowel management was not in accordance with their plan of care.

Nutritional risk assessments were completed monthly to assess for weight loss and weight gain. The assessments had been completed accurately and scored correctly and an area for improvement in this regard has now been met. In addition, weight loss audits were conducted to ensure that the appropriate actions had been taken, for example, onward referral to dieticians or general practitioners, and to ensure that the appropriate documentation had been completed and/or updated.

Discussions with patients evidenced that all were not offered a choice of meal at mealtimes. Staff confirmed that meal options were always available if the patients did not like the meal served, however, the main menu did not include a second option. There was no listed second option listed for patients who required to have their meals modified. This was discussed with the manager and an area for improvement in this regard has been stated for the second time. A review of the menu had also been identified as an action to be taken within the home's own monthly monitoring reports.

Patients were observed to have good access to fluids during the inspection and staff were observed assisting patients with food and fluids as required. A record of patients' food and fluid intakes was well maintained.

An Annual Quality Report was completed in July 2021 and available for review. The report included the feedback from a patient/relative satisfaction survey previously conducted to gather their thoughts and views on the care delivery and the running of the home. The manager confirmed that another satisfaction survey will be completed with patients/relatives during 2022.

5.2.3 Management of the Environment and Infection Prevention and Control

Patients and staff confirmed that patients could spend their day in their preferred place; they could remain in their bedrooms or go to a communal room when they requested. Patients were complimentary in regards to the environment and the surrounding garden areas. Environmental audits were completed regularly to ensure that the environment had been maintained well.

On entry to the home the reception area was clean, tidy and welcoming. All visitors, including healthcare professional visitors, continued to have a temperature check recorded and completed a declaration form to ensure that none were showing any symptoms of COVID -19.

Hand hygiene and personal protective equipment (PPE) remained available at the entrance. PPE was available throughout the home and there was signage available on how to don (put on) and doff (take off) PPE correctly. The home was warm, clean and tidy.

During the inspection we observed good staff practices on PPE use. A daily PPE compliance audit had been conducted in each of the units in the home. However, two staff were observed wearing wrist watches and one staff had their lower arms covered which would inhibit effective hand hygiene. This was discussed with the manager and an area for improvement in relation to infection control has been stated for the second time.

There were no malodours detected in the home. Patients' bedrooms were clean and tidy and personalised with their belongings. Corridors and stairwells were clear of clutter and obstruction and fire exits were maintained clear. Fire extinguishers were easily accessible. Communal areas were clean and tidy.

Equipment in use in the home was being used for the purpose it was designed for. Patients who required the need for a fall out mattress to be in place for their safety, had the appropriate mattresses in place. An area for improvement in this regard has now been met.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	2*

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Teresa McClean, Registered Manager and the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 46 Criteria (2)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that training provided on infection prevention and control and the use of personal protective equipment is embedded into practice.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: IPC and PPE audits continue to be regularly completed and monitored by Home Manager. Supervisions were completed with staff relating to Infection Prevention and Control and use of Personal Protective Equipment. Daily walkarounds are also completed, any identified deficits or IPC breaches are acted upon as required.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 11 April 2022</p>	<p>The registered person shall ensure that patients who require modified meals have a choice of meal at mealtimes.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Menus have been revised by the Catering Manager to include a choice of modified meals at mealtimes. There are printed and accessible to all residents in each Dining Room.</p>

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