



Unannounced Care Inspection Report 1 April 2019



Corriewood Private Clinic

Type of Service: Residential Care Home
Address: 3 Station Road, Castlewellan BT31 9NF
Tel No: 02843778230
Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home that provides care for up to four residents living with a learning disability. Three residents live permanently in the home, with one place to provide respite care to individuals who usually live with their families in the community. This home is within the grounds of Corriewood Nursing home and retains separate registration with RQIA.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Responsible Individuals: Anne Monica Byrne Imelda McGrady	Registered Manager: Teresa Josephine McClean
Person in charge at the time of inspection: Imelda McGrady, responsible individual	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 4

4.0 Inspection summary

An unannounced care inspection took place on 1 April 2019 from 12.15 to 16.10 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos in the home, the activities offered to residents and how residents were supported to be as independent as possible.

There was a welcoming atmosphere in the home, and residents were busy attending activities. Residents said they had fun living in the home and they were happy.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Imelda McGrady, responsible individual and Orna Delaney, nurse in charge, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 September 2018.

5.0 How we inspect

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

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One response was returned by a resident who reported they were very satisfied that the care provided in the home was safe, effective, and compassionate and that the service was well led.

During the inspection a sample of records was examined which included:

- Staff duty rota from 25 March to 14 April 2019
- Staff supervision and annual appraisal schedules for 2018 and 2019
- Staff training schedule and training records for 2018 and 2019
- The care records of three residents
- Minutes of staff meetings dated 11 July 2018, 16 October 2018 and 10 January 2019
- Complaints records and audit system in place
- Audits of care plans and NISCC registration
- Accident, incident, notifiable event records and audit system in place
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire drill records for 2018
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Adult safeguarding policy
- Policy and procedures matrix

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 31 October 2018	The registered person shall ensure review and revision of care plans is completed to ensure these fully reflect the current actual and potential needs of residents. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Inspection of the care plans of three residents confirmed that these had been reviewed and updated. See Section 6.5 for further detail.	
Area for improvement 2 Ref: Standard 11.5 Stated: First time To be completed by: 31 October 2018	The registered person shall ensure retention of trust review meeting/reports. The development of a matrix of care review dates/minutes received is recommended for monitoring purposes by the registered provider. Ref: 6.5	Met

	<p>Action taken as confirmed during the inspection: Inspection of the care records of three residents confirmed that this had been completed for one resident. The responsible individual confirmed this was also the case for the other two residents; the registered manager provided information to confirm this following the inspection. See Section 6.5 for further detail.</p>	
<p>Area for improvement 3 Ref: Standard 6.5 Stated: First time To be completed by: 31 October 2018</p>	<p>The registered person shall ensure that the commissioning trust care reviews and receipt of minutes/reports is included within the audit programme. Ref: 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of the care records of three residents confirmed that this had been completed for one resident. The responsible individual confirmed this was also the case for the other two residents; the registered manager provided information to confirm this following the inspection. See Section 6.5 for further detail.</p>	
<p>Area for improvement 4 Ref: Standard 21.3 Stated: First time To be completed by: 13 November 2018</p>	<p>The registered person shall ensure that an index is placed within the policy/procedures file to provide ease of access by staff. Ref: 6.7</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of the home's records of policies and procedures confirmed that an index was now in place.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Environment

The home was clean, warm and tidy. Residents were friendly and appeared in good form; they had just returned from the morning's activity and reported they had enjoyed playing skittles. They were now relaxing in the lounge watching TV while lunch was being prepared. The lounge was cosy and had an ample supply of DVDs and games. There were also several photo albums, showing various activities the residents had enjoyed over the years.

The residents consented to the inspector seeing their bedrooms, which were bright, clean and personalised with plenty of games, toys and photographs. The bedroom used for respite stays was not personalised, but the resident who was currently staying had brought numerous items from home to make their stay comfortable.

Overall, communal areas were clean, tidy and free from hazards. However, inspection of the shower room identified that the shower chair had not been properly cleaned, and had rusted along the legs. When this was highlighted to management, this chair was immediately replaced.

The inspector also noted a foot sized hole in the ceiling of the main corridor; the responsible individual advised that this was due to be repaired within the next 10 days. Review of maintenance records and monthly monitoring reports confirmed that this work was due to be completed on 10 April 2019. It was positive to note that the home had arranged for residents to go on an outing that day, to minimise any distress or disruption from the repair work.

Staff in the home presented with a good knowledge and understanding of their roles and responsibilities regarding fire safety. Equipment was checked on a regular basis and the most recent fire drills were completed on 16 February 2018 and 19 November 2018.

Staffing levels

On the day of inspection, the home's registered manager was on annual leave. The responsible individual advised that she was providing managerial cover for the day. Other managerial staff were also available as required. The activities co-ordinators, catering and maintenance staff were shared with the nursing home.

Discussion with the responsible individual identified that no new staff had been employed by the home since the last care inspection. The home has a low staff turnover and this has been helpful for residents who have responded well to the consistency of staff.

One member of care staff was on duty in the residential unit on the day of inspection. Another member of care staff would commence the night shift at 8pm. Review of the duty

rota confirmed that this is the usual level of staffing. Discussion with staff identified that they felt that staffing levels were sufficient to ensure the needs of the residents are met at all times: "Residents are fairly mobile and independent...one member of staff is plenty. I can always call up to the main unit if I need anything."

Staff training

Initial review of staff training records did not include records for 2018 and 2019. This was highlighted to the responsible individual who explained that the home has recently commissioned training from South Eastern Regional College (SERC). This has enabled the registered manager to improve the current systems and records, and plan training for the year ahead. Review of these records confirmed that the staff in the care home had received mandatory training in 2018 with further training provided in 2019 as required. Additional specialist training, such as epilepsy and diabetes, was also provided. An area of good practice was identified as staff had received training on religion and spiritual care to ensure they had the knowledge and skills to work with residents from a range of backgrounds.

Discussion with staff confirmed that training was embedded into practice. For instance, staff were able to describe how the principles of adult safeguarding training inform daily practice in the home. Staff outlined how they would respond if they were concerned that a resident was being exploited or harmed in some way, including which procedures they would follow.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the home's cosy family style atmosphere and the provision of training on spiritual care.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Review and Revision of Care Plans

The inspector reviewed the care records of three residents. Care plans were individualised and holistic and included consideration of each resident's spiritual and cultural needs; for instance, their favourite prayer. Care plans were reviewed in detail on a minimum annual basis; monthly audits were completed to evaluate existing care plans and ensure they accurately reflected resident's changing needs. This area for improvement has therefore been met.

Annual Care Reviews

Of the three care records examined, only one contained the dates and minutes of the resident's most recent annual care review in late 2018. This care record also contained a matrix system, which the home had introduced to monitor and audit the arrangements for annual care reviews, including retention of records. The responsible individual stated that all

annual care reviews had been completed in a timely manner, and that the audit process had been implemented with all care records. Following the inspection, the registered manager provided information electronically which confirmed this and explained the reasons why this information was not immediately available on the day of inspection. This area for improvement has therefore been met.

Risk Management

Care records contained evidence of multi-agency collaboration and care delivery to improve and promote residents' physical health, as well as meeting their physical health needs. For example, an oral health assessment was completed with residents; a tooth brushing chart was used to monitor and reinforce positive behaviours; and residents were encouraged and supported to attend regular dental appointments. This is important as individuals living with a learning disability can be more vulnerable to experiencing poor oral health.

Review of care records confirmed a robust risk assessment had been completed for each resident using a restrictive practice assessment, which considered each resident's vulnerabilities and strengths in a range of areas. This enabled staff to empower the residents and encouraged positive risk taking to maintain residents' independence and confidence. Equally, identified risks were managed, for example ensuring sufficient safeguards are in place regarding money management. It was also positive to note that risk management plans were discussed with and signed by residents and their families to evidence that they had been included throughout the process.

Nutrition

Residents' weights and dietary intake were recorded on a regular basis, and any significant changes in a resident's weight and/or appetite were promptly responded to by staff. Care records included input and recommendations from dieticians to support residents with weight management, which was addressed through promotion of a healthy diet and regular exercise.

While there are no residents currently involved with Speech and Language Therapy, staff confirmed that they had received training on dysphagia; the new IDDSI guidelines were also displayed in the kitchen.

The inspector observed the lunch time meal. The meal had been freshly prepared by the cook in the nursing unit, and looked appetizing. Residents enjoyed chicken pie, mashed potato and red cabbage. Some residents disliked the vegetables and so extra portions of potato or alternative vegetables were offered on the day. A poster displayed in the dining room advised that a range of other options, for instance toasties or chicken goujons were available if the resident requested an alternative. Residents stated they liked the food in the home, and always got plenty to eat.

Staff ate their lunch time meal with the residents. Residents ate independently but staff were available for additional support if required. Residents and staff could be heard laughing and joking throughout lunch. There was a lovely rapport between the group, contributing to the family style atmosphere in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, staff, relatives and multi-agency professionals.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Culture and Ethos

Observation of the interactions between staff and residents was very positive. There was a pleasant and jovial atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff, including management. Staff were attentive and residents were able to express their needs, which were promptly responded to by staff. There was no evidence of any resident being uncomfortable or in distress during the inspection.

Staff were able to describe how they use both verbal and non-verbal approaches to effectively communicate with residents. Residents' wishes, interests and preferences were reflected in care records; for example, the inclusion of an individual weekly schedule of activities. This was provided in both a written and pictorial format, to ensure that the information was clearly communicated with residents.

Care records outlined residents' daily routines; staff confirmed these are flexible depending on the expressed choice and preference of the resident on the day. For example, residents choose when they go to bed and get up in the morning; what support they require with personal care; and choosing what they wear. Staff confirmed that person centred care is embedded into practice and that residents were treated with dignity and respect: "Residents can think for themselves, talk for themselves, but can approach us with anything if they need support."

Resident involvement

Residents meetings had been held on 13 September 2018 and 16 January 2019. Review of the minutes confirmed that residents' views and opinions were listened to and addressed as required. Residents had reported they were happy in the home and that they felt able to approach staff if they had any worries or problems.

Review of care records provided additional evidence that residents were involved in making decisions about their care in the home. Care plans included signatures from residents and/or their relatives to confirm that the plan had been discussed and agreed. Care records included discussion and review of practices which may limit residents' choice and freedom, in order to keep them safe. This process involved residents and relatives; written records of consent were retained, confirming their knowledge and agreement with this plan.

An area of excellent practice was identified when one resident was observed working with staff to clean up after lunch. Their care records contained an additional easy read person centred care plan which detailed the resident's likes, dislikes and preferences in both written and pictorial format. The plan also included information on 'What I can do myself', empowering the resident and encouraging independence where possible. This confirmed that this resident enjoyed completing household tasks, and maintains their confidence and self-esteem by contributing in this way.

Staff described how they try to promote all residents' independence and skills where possible; for example, with a little encouragement, other residents enjoy helping to tidy up the lounge. However, it was noted that the person centred care plan had not been fully completed with other residents. This was highlighted to the responsible individual who explained that the registered manager was likely reviewing these files at present. Following the inspection, the registered manager provided written confirmation that the person centred care plans had now been fully updated and retained in care records.

Activities

When the inspector arrived at the home, the residents had just returned from playing skittles in the nursing home. The home had recently employed an additional activities co-ordinator which has enabled the home to provide further opportunities for activities. The activities co-ordinator was positive and enthusiastic about his work with the residents and plans to develop the activity schedule.

In the dining room, there were photographs on display of various outings and trips the residents had been on. Residents talked about how they had enjoyed going to the cinema recently to see Mary Poppins; they also enjoyed regular tickets to concerts and events in Belfast, such as Disney on Ice: "I liked Olaf the best." Residents also told the inspector they had loved going to the Belfast International Tattoo festival. The responsible individual advised that the home had partly purchased a private box in Belfast's SSE Arena. This has proven very successful with residents as they have space and privacy to watch shows.

After lunch, the residents were eager to attend the afternoon activity, as 'Tom the music man' was playing in the nursing home. The inspector observed this activity; some residents were taking a break from dancing. Others were supporting patients in the nursing home to take part in karaoke. All the residents appeared to be enjoying themselves. Staff stated that singing and dancing was very popular with the residents and "they all love Nathan Carter so we got tickets to see him in the Slieve Donard." Other popular activities include shopping, picnics in Castlewellan forest park, going for a walk and an ice-cream in Newcastle.

Staff discussed how they have supported residents to develop links with the local community. Residents have attended local variety concerts. On one occasion, one of the performers dedicated a song to one of the residents: "The craic was great!" Another excellent example is how the residents have started to attend the local library. Library staff have organised a basic computer skills class for residents. Staff were aware of the importance of providing residents with stimulating activities: "My mantra is you use your brain every day."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the range of activities offered to residents.

Areas for improvement

No areas for improvement were identified during the inspection.

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

Policy and Procedures File

Review of this file confirmed that an index was now in place, to ensure this information was more easily accessible to staff. This had been cross referenced with the range of policies provided in the home. Review of the adult safeguarding policy confirmed that this was in line with regional guidelines and had been updated in March 2017. Discussion with the responsible individual confirmed that policies were reviewed on a minimum three yearly basis, or as required. This area for improvement has therefore been met.

Governance

Audits of care plans, nutrition, activities, finance, medication, and infection prevention and control were completed on a quarterly basis. Additional management oversight and quality assurance was provided through the completion of monthly monitoring visits and reports by the responsible individual. Review of the records of these visits on 7 January 2019, 15 February 2019 and 20 March 2019 confirmed that there was a prompt response if any issues were identified. Residents' views were included in these reports, and feedback was positive about their experiences in the home.

The 2018 annual quality review report was not yet available for review, as the home were awaiting responses to their requests for feedback. The responsible individual explained that the registered manager had recently updated the format for feedback questionnaires. It was hoped this would increase the number of responses, and ensure the home provided relatives with ample opportunity to provide feedback. This will be reviewed at future inspections.

Management arrangements

Sufficient management were available on the day of inspection, as the registered manager was on annual leave. Management utilise a 'hands on' approach; they had good knowledge of residents' needs and a positive rapport was observed between them.

Staff meetings were arranged on a three monthly basis, and record of this retained. Although records listed the staff who were present at this meeting, we asked the responsible individual to consider seeking staff signatures to confirm attendance and provide further assurance that all staff were included.

The home uses matrix systems to plan and review arrangements for staff supervision, annual appraisals and staff's professional registration with Northern Ireland Social Care Council (NISCC), all of which were in date.

Staff confirmed they felt they had sufficient supervision and support from management and that there were good working relationships in the home. Staff described management as available and supportive: "All works well here, I love it. It's just like running your own wee house."

Complaints

The home operates an 'open door' policy to communication, and residents and their relatives are encouraged to approach staff at any time if there are issues or concerns.

Staff advised that no formal complaints had been made in several years, but they were aware of the procedure for this. The home had a robust complaints audit tool in place. Review of care records included daily progress notes; these included any issues or concerns raised by residents or relatives, and the home's response and management of same.

Accident and Incidents

Review of the accidents and incidents log confirmed that the home had a clear policy and procedure in place to manage this. Communication with residents, relatives and multi-agency professionals was maintained, to ensure that any identified risks were minimised. This included notifying RQIA when necessary.

Discussion with staff confirmed that there had been minimal accidents or incidents in the home since the last inspection. Staff described how they minimise risk, where possible, during their daily practice. On the day of inspection, no obvious hazards were observed in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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