

Inspection Report

11 November 2021



Corriewood Private Clinic

Type of Service: Residential Care Home
Address: 3 Station Road, Castlewellan, BT31 9NF
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Corriewood Private Clinic Registered Persons Maria Therese McGrady (pending) M.I (Imelda) McGrady Anne Monica Byrne.	Registered Manager: Mrs Teresa Josephine McClean Date registered: 19/09/2006
Person in charge at the time of inspection: Mary Hardy, care assistant	Number of registered places: 4
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 3
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 4 residents. There is a Nursing Home which occupies the same site and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 11 November 2021 from 11.20am to 3.50pm by a care inspector.

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

Residents said that living in the home was a good experience.

We found that there was effective and compassionate care delivered in the home and the home was well led by the manager and management team.

Areas requiring improvement were identified in relation to the staff duty rota, staff employment records, care plans regarding the management of mental health needs, use of clinical waste bags and monthly monitoring reports.

The findings of this report will provide the manager and management team with the necessary information to improve staff practice and the residents' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, 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 and 'Tell Us' cards were provided to give residents 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.

A range of documents were examined to determine that effective systems were in place to manage the home.

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

4.0 What people told us about the service

Three residents told us that staff were very nice and "always good to us". Residents confirmed they liked their bedrooms, the meals served in the home, and going out with staff to local cafes and the library.

Two staff told us they enjoyed working with the residents and that they had no concerns about how care was planned and delivered in the home.

Following the inspection, we received completed questionnaires from three residents, all confirming that they felt safe in the home, that staff are kind, that the care is good and that the home is well organised.

No additional feedback was received from either staff or relatives following the inspection.

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 inspection on 13 January 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 32.1 Stated: First time	The registered person shall ensure that all medicines are stored securely under conditions that conform to statutory and manufacturers' requirements. Ref: 6.2.4	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. No new staff had been recruited in the home since the last care inspection. There was evidence that an audit system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Residents said they liked the staff and that staff knew them well and knew how best to help them.

Staff told us that there was enough staff on duty to meet the needs of the residents. Staff said that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. However; on the day of inspection, the one staff member on duty in the home was due to accompany a resident to an appointment in the community. During this time, the other residents were to attend group activities which were being held in the nursing home.

When we queried what staffing arrangements were in place to ensure residents were provided with a choice on how they wished to spend their day, management advised a named member of care staff from the nursing home had been allocated to this task. This was recorded on the staff duty rota for the nursing home, but not for the residential home. Therefore the staff duty rota was not accurate. An area for improvement was identified.

In addition, records relating to staff employed in the home, such as management's oversight of staff's professional registration with NISCC and training records, were incomplete. Such records did not include details of those staff who work in the residential home occasionally. Complete and accurate records separate to those for the nursing home, must be retained in line with the home's registration and to ensure staffing is safe. An area for improvement was identified.

Following the inspection, RQIA also received written confirmation from the management team that remedial action had been taken to address these issues, including review of the staff duty rota and relevant policies and procedures.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Residents were at ease and comfortable when interacting with staff, including management.

It was observed that staff respected residents' privacy by their actions such as discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

A restricted practice register was maintained in the home, and included details of any Deprivation of Liberty Safeguards or interventions deemed necessary to maintain the safety and wellbeing of residents. There was evidence that these arrangements were reviewed and agreed in consultation with resident's care managers and/or relatives as appropriate.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents told us they enjoyed their meal and liked the food in the home.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily however quantities and serving sizes were not routinely recorded. This was highlighted to the manager for action and review.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care plans contained specific information on each resident's care needs and what or who was important to them. However; one care plan regarding the management of resident's mental health needs did not include sufficient and personalised information. An area for improvement was identified.

Care records had been reviewed and updated in October 2021 to ensure they continued to meet the residents' needs. However such reviews were not consistently or routinely completed. In addition, a small number of care records included the use of informal/inappropriate language to describe incidents which occurred in the home. Discussion with the management team and review of governance records established that this had previously been addressed by management. The home are also switching to an online care recording system, and staff will be receiving refresher care recording training in November 2021. It is hoped these changes will address the deficits noted above; therefore an area for improvement was not identified on this occasion and progress will be reviewed at the next inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as photographs of the residents. Residents were at ease and accessed the kitchen to make themselves a hot or cold drink. There were snacks and drinks available.

Residents told us they liked their home, and enjoyed using the lounge, which had recently been redecorated. New chairs and a sofa had been purchased, with input from the residents, and residents told us they were comfortable.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. One shower chair was showing minor signs of rusting at the feet; discussion with the management team provided assurance that new shower chairs had already been ordered and would be replaced as soon as possible.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. A clinical waste bag was not being used on the day of inspection and governance records confirmed this had previously been identified as an issue for staff to address. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. One resident had chosen to attend music and games that morning, while the other residents had enjoyed a lie in or watched television in the lounge. Residents had gone out for dinner to a local café the day before, and they told us how much they had enjoyed their meal and getting to choose their favourite foods.

Residents were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home.

Residents' needs were met through a range of individual and group activities, such as going for walks, visiting the local library or meals out. Residents told us they sometimes liked attending arts and crafts, drama or musical activities which took place in the nursing home, on the same site. There was ample supply of books and DVDs in the home, and residents also told us they enjoyed watching the soaps on television in the evenings. Wi-Fi had also been installed in the home, so residents could now access Netflix or YouTube for further entertainment. Residents also enjoyed completing small household tasks in the home, such as setting the table or washing the dishes after meals.

Residents talked excitedly about upcoming plans to go out with relatives. Some residents had their own mobile phone and were able to speak to their families whenever they wished to or use the internet and make video calls.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents. On several occasions, staff were busy attending to residents and were unable to answer the telephone in the home.

Governance records referred to occasional difficulties in relatives being able to contact the home. Although remedial action had been taken to address that issue, we highlighted our observations to the manager to consider further action and review.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Teresa McClean has been the manager in this home since 19 September 2006.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Residents said that they knew who to approach if they had a complaint. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. One responsible person was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

The home was visited each month by a representative of the registered provider who consulted with residents and staff and to examine all areas of the running of the home. The reports of these visits included actions for improvement if required, which were followed up to ensure that the actions were correctly addressed. However; relatives' views were not consistently sought or recorded. Some reports did not fully reflect events in the home. There was a delay in identifying deficits in care plans, as discussed in section 5.2.2. This was discussed with the management team, who advised of planned improvements to the monthly monitoring report format. However; these had yet to be implemented, therefore an area for improvement was identified.

6.0 Conclusion

There was a homely, relaxed and pleasant atmosphere in the home throughout the inspection.

Residents told us they liked living in the home and that the staff treated them well.

There was clear evidence that resident's needs were met in a timely way by caring and knowledgeable staff.

There had been recent environmental improvements in the home, and it is positive that residents were involved in planning this.

As a result of this inspection five areas for improvement were identified in respect of the staff duty rota, staff employment records, care plans regarding the management of mental health needs, use of clinical waste bags and monthly monitoring reports. Details can be found in the Quality Improvement Plan included below.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005** and/or **the Residential Care Homes' Minimum Standards (August 2021)**

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Stated: First time To be completed by: 11 January 2022	The registered person shall maintain in the home the records relating to all persons employed at the home, as specified in Schedule 4, paragraph 6. Ref: 5.2.1 Response by registered person detailing the actions taken: A review of the Gate Lodge Staff ROTA arrangements was completed, to include the details of the Staff Bank list. Any staff allocated to the Bank List has robust records and continuous checks completed by the Home Manager. Evidence of the NISCC status of each staff member was successfully provided at the time of inspection, however Home Manager has now in place a separated file in the Gate Lodge that contains the required evidence and easily accessible.

<p>Area for improvement 2</p> <p>Ref: Regulation 29 (4)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>The person carrying out the monthly monitoring visit shall ensure the deficits outlined in the report above are addressed.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Planned improvements in the monthly monitoring visit template have been completed to ensure that the deficits identified in the inspection were commutated</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>A full and accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: As per Area of Improvement 1, related to Regulation 19 (2), a review of the ROTA arrangements in the Gate Lodge was completed on the day of the inspection. The ROTA clearly indicates the name of the staff and the capacity which they are working over a 24 hour period. This will continue to be monitored as part of of the monthly monitoring visits.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Care plans regarding resident's mental health needs includes sufficient detail on the management of any identified risks and any strategies or programmes to manage specified behaviours.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The identified care plans were reviewed and they now include the possible triggers, and strategies to manage the specified behaviours</p>
<p>Area for improvement 3</p> <p>Ref: Standard 34.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Adequate and appropriate clinical waste disposal arrangements must be in place at all times to ensure the safe disposal of used Personal Protective Equipment (PPE).</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This area was identified in the previous monthly monitoring visit and the bin was on order which is now in place and in use.</p>

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