

Unannounced Care Inspection Report 20 September 2018



Corriewood Private Clinic

Type of Service: Residential Care Home
Address: 3 Station Road, Castlewellan, BT31 9NF
Tel No: 028 4377 8230
Inspector: Priscilla Clayton

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 residential care home which is registered by RQIA to accommodate a maximum of four residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Responsible Individuals: Anne Byrne M.I. McGrady	Registered Manager: Teresa McClean
Person in charge at the time of inspection: Teresa McCann	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 4 RC-MP X 1 RC-LD RC-LD (E)

4.0 Inspection summary

An unannounced care inspection took place on 20 September 2018 from 10.20 to 15.30 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 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 promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. Other examples of good practice included the current governance arrangements including audit, provision of staff training, supervision, appraisal, effective team working and modes of communication.

Areas requiring improvement were identified in relation to the continued review / revision of care plans by the registered manager, the inclusion of a central index within policies / procedures to provide ease of access to staff and the retention of trust care review reports.

Residents said they were very happy living within Corriewood where they believed the care provided was safe, effective, compassionate and well led. No issues or concerns were raised or indicated by residents.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Teresa McCann, registered manager, as part of the inspection process. The timescales for completion commence from the date of 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: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, registered provider, four residents and one care staff member.

A total of four questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

An inspection of the internal and external environment was undertaken.

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 June 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 February 2018

There were no areas for improvements made as a result of the last care inspection.

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.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home as permanent staff usually work additional time to provide cover when needed. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No issues or concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, three monthly supervision and annual appraisal of staff were being provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Records reviewed at the previous care inspection were found to be satisfactory.

The registered manager advised that no staff were recruited since the previous inspection; therefore staff files were not reviewed on this occasion.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy, dated March 2017, was consistent with the current regional policy and procedures. This included reference to the adult safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered provider advised that she had received training on the role and function of the adult safeguarding champion (ASC) was aware of the necessity the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff demonstrated knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were no restrictive practices within the home and on the day of the inspection none were observed.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans in place were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Three monthly IPC compliance audits were undertaken and action plans developed to address any deficits noted. Audits undertaken on 27 July 2018 included; hand hygiene, PPE and the environment.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak arising would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, for example Control of Substances Hazardous to Health (COSHH), fire safety and moving and handling.

The home had an up to date Legionella risk assessment was dated 20 July 2018. No recommendations had been made.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. A log of incoming alerts was retained.

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment which was dated 31 January 2018 and recommendations had been addressed as required. It was established that no residents smoked.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents and staff spoken with during the inspection made the following comments:

- “Yes I do feel very safe here and I do not have any complaints” (Resident)
- “I do not want to ever move from here, I love the staff”(resident)
- “Yes this home is safe, we have sufficient staff and training to do a good job” (staff)

No issues or concerns were raised by staff or residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. The registered manager advised that residents and their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident

and/or their representative. Discussion took place with the registered manager regarding review of care plans as two had not been updated / reviewed. The registered manager advised that she was currently undertaking review and revision of all care plans to ensure these are current and fully reflect the actual and potential needs of residents. The completion of review and revision of care plans was identified as an area for improvement.

Evidence of annual care review dates / reports was not available for inspection. The registered manager advised that reviews with the trust were held but was unable to locate the minutes or provide dates of when the reviews were held. This was identified as an area for improvement as the retention of supporting evidence of the commissioning trust review is necessary to show that care discussed was agreed and changes, if necessary, are reflected within current care plans. The development of a matrix to show individual care review dates and receipt of minutes for monitoring purposes was recommended.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home for example; discussion with regard to activities and care planning.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. Residents choose to have their meals in the main dining room of the residential home where meals served were reported to be nicely presented, special diets served and they could have additional servings of food if they wanted. Residents stated they always enjoyed going up to the larger dining room where they met up with their friends and enjoyed their choice of meals served.

The home had received the top rating of five for food hygiene standards from Environmental Health.

Systems are in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT are reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that any nursing care such as wound care would be managed by the district nursing services. Referrals were also made to the wider multi-professional team to areas any concerns identified in a timely manner which included consultations / interventions from social worker, mental health, general practitioner, speech and language, dental, dietician, community learning disability nurse, podiatry and optician.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, accidents and incidents, complaints, resident and staff meetings, environment, catering, mandatory training, NISCC registrations, medications and fire safety were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report. One area identified for

improvement was the inclusion of the commissioning trust care reviews and receipt of minutes / reports within the audit programme.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, residents' newsletter, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication with everyone.

There were systems in place to ensure openness and transparency of communication, for example, the Registered Provider reports, RQIA inspection reports and Annual Quality Review report were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents and staff spoken with during the inspection made the following comments:

- "Staff receive mandatory training and all the necessary support to ensure that care is effective" (staff)
- "The care is very good, can't complain about anything here" (resident)

No issues or concerns were raised by staff or residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

Three areas for identified for improvement included the retention of trust review meeting reports and development of a matrix for monitoring purposes, completion of care plan reviews to ensure these are current and in keeping with trust reviews and the inclusion of trust reviews/receipt of minutes within the audit programme.

	Regulations	Standards
Total number of areas for improvement	0	3

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, residents and advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Care plans, menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, satisfaction survey and visits by the registered provider.

Residents were consulted annually about the quality of care and environment by way of the annual satisfaction questionnaire. The findings from the consultation were collated into a summary report (2017) and action plan was made available for residents and other interested parties to read. Review of the survey analyses reflected action taken to address issues raised. The survey report was available at the reception area of the home.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example; outings, board games, quiz, organised walks and arts and craft work. Arrangements were in place for residents to maintain links with their friends, families and wider community by way of open visiting, organised outings and visits to the local community events.

Residents and staff spoken with during the inspection made the following comments:

- “Staff always ask permission to help us” (resident)
- “We are asked about the activities we want to do” (resident)
- “Residents are always treated with respect and are very much involved in person centre care.” (staff)

No issues or concerns were raised by staff or residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration and employer’s liability insurance certificate, dated 9 May 2018, were displayed.

The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including, management meetings, telephone calls, emails and regular visits to the home.

A range of policies and procedures was in place to guide and inform staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred. One improvement recommended related to the inclusion of an index within the policy / procedure file to provide ease of access by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident Guide. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received for example, thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. For example, Northern Ireland Social Care Council (NISCC), Department of Health (DoH) and National Institute for Health and Care Excellence (NICE). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example, annual dysphasia training.

A monthly visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which included timescales and person responsible for completing the action.

The home had a whistleblowing policy and procedure (March 2016) in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and / or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Residents and staff spoken with during the inspection made the following comments:

- “We have a really good team here who work very well together” (staff)
- “We feel well supported by management, many staff have worked here for many years” (staff)
- “The manager is good, sees that we are well care for” (residents)

No issues or concerns were raise by staff or residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area identified for improvement was the inclusion of an index within policy/procedures file for ease of access to staff.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Teresa McCann, registered manager, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
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 Response by registered person detailing the actions taken: All plans have been reviewed and up dated.
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 Response by registered person detailing the actions taken: A matrix is insitu in all individual careplans to reflect when a review is due and when review minutes have been received.
Area for improvement 3 Ref: Standard Stated: First time To be completed by: 31 October 2018	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 Response by registered person detailing the actions taken: The trust care reviews and receipt of minutes will be included in the internal audit of the home.
Area for improvement 4 Ref: Standard 21.3 Stated: First time To be completed by: 13 November 2018	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 Response by registered person detailing the actions taken: A index of policies is now inside the front cover of the policy and procedure file.

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
Web www.rqia.org.uk
Twitter @RQIANews