

Unannounced Care Inspection Report

13 January 2021



Corriewood Private Clinic

Type of Service: Residential Care Home (RCH)
Address: 3 Station Road, Castlewellan, BT31 9NF
Tel no: 028 4377 8230
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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to four residents.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Responsible Individual: Anne Monica Byrne	Registered Manager and date registered: Theresa Josephine McClean 19 September 2006
Person in charge at the time of inspection: Joan Brenton Theresa McClean, manager, joined the inspection from 15.05 hours.	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 home on the day of this inspection: 3

4.0 Inspection summary

An unannounced care inspection took place on 13 January 2021 from 14.35 hours to 17.25 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- recording of care
- Infection Prevention and Control (IPC) measures
- staffing arrangements
- care delivery
- the home's environment
- management and governance arrangements.

Residents said they liked living in the home, they liked the staff and that the food was nice.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Joan Breton, care assistant and Theresa McClean, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

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.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received at the time of writing this report.

The following records were examined during the inspection:

- staff duty rota from 11 to 24 January 2021
- staff training records
- minutes of residents meeting dated 19 August 2020
- care records for two residents
- a sample of governance records including audits
- staff meeting minutes dated 29 July and 24 August 2020
- accidents and incidents records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as 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 previous inspection 10 February 2020

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 25.6 Stated: First time	Area for Improvement A record is kept of staff working over a 24-hour period and the capacity in which they worked.	Met
	Action taken as confirmed during the inspection: The duty rota clearly outlined the management arrangements in the home.	
Area for improvement 2 Ref: Standard 5 Stated: First time	Area for Improvement Each resident, including those staying in the home on a temporary basis, must have an up-to-date needs assessment.	Met
	Action taken as confirmed during the inspection: There were currently no temporary residents using the service. Review of care and governance records evidenced clear review and improvements. Staff were provided with clear guidance on improving and maintaining care records, including implementation of a care plan checklist audit tool. Care records were holistic, person centred and well-maintained.	

Area for improvement 3 Ref: Standard 6 Stated: First time	Area for Improvement Each resident, including those staying in the home on a temporary basis, must have an up-to-date comprehensive care plan.	Met
	Action taken as confirmed during the inspection: There were currently no temporary residents using the service. Review of care and governance records evidenced clear review and improvements. Staff were provided with clear guidance on improving and maintaining care records, including implementation of a care plan checklist audit tool. Care records were holistic, person centred and well-maintained.	
Area for improvement 4 Ref: Standard 8.5 Stated: First time	Area for Improvement Residents' care records must be accurate and up-to-date.	Met
	Action taken as confirmed during the inspection: There were currently no temporary residents using the service. Review of care and governance records evidenced clear review and improvements. Staff were provided with clear guidance on improving and maintaining care records, including implementation of a care plan checklist audit tool. Care records were holistic, person centred and well-maintained.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) measures

On arrival to the home, staff ensured we sanitised our hands, and took our temperature, in line with current COVID-19 guidance. Twice daily temperature checks were maintained for residents and staff, along with routine weekly testing.

Staff wore appropriate Personal Protective Equipment (PPE) and confirmed there were ample supplies of PPE available in the home.

Discussion with staff confirmed they had good knowledge of IPC measures and they confirmed they had received sufficient training and information regarding this.

One shower chair in the bathroom showed signs of rusting on the wheels; this meant it could not be effectively cleaned. The manager provided written confirmation that this had been replaced immediately after the inspection.

6.2.2 Staffing arrangements

Observation of practice and discussion with staff and residents confirmed that staffing levels were sufficient to meet the needs of the residents.

Staff confirmed there was good team work and the manager expressed gratitude for the continued flexibility and dedication of staff.

Discussion with staff and review of training records confirmed staff had completed mandatory training regarding adult safeguarding and IPC measures. Staff also received supervision and annual appraisals were completed. The manager maintained records confirming staff's professional registration with Northern Ireland Social Care Council (NISCC) was in date.

Fire safety training records were incomplete. The manager explained that some staff had been on a period of unplanned leave. Written confirmation was provided by the manager on 15 January 2021 that all staff had completed fire awareness training with further training scheduled for 27 January 2021. Fire drills were also completed on 16 November 2020 and 15 January 2021. Therefore an area for improvement was not required on this occasion.

6.2.3 Care delivery

There was a lovely friendly and calm atmosphere in the home throughout the inspection. Residents looked well cared for and were very relaxed and comfortable in their surroundings and when engaging with staff.

During the inspection, residents enjoyed chatting, watching television in the lounge and reading books with staff. Residents told us they were very happy, and that they liked the food in the home, going for walks and that they loved their beds.

Residents maintained contact with their relatives via telephone or socially distanced visits. A visiting pod has been built in the home and has been very successful. A comprehensive care partner's policy and procedure was also in place in the home.

We observed the serving of the evening meal. This was a well-organised and relaxed experience for residents. Food was served hot and looked and smelled appetizing; residents particularly enjoyed their chocolate cake for dessert. The 3 weekly rotational menus were displayed and included a good variety of fresh fruit and vegetables. The kitchen was also well stocked with a range of healthy snacks.

The home has adapted and continues to review the activities available in the home due to the current COVID-19 restrictions in place. There is a range of jigsaws, games and DVDs for residents to use, as well as arts and crafts supplies. Residents enjoy socially distanced walks in the grounds of the home or in local areas. The home continues to maintain good links with the local community; the local library delivers a monthly selection of books directly to the home, as reading is a popular activity with residents. A local café had closed early on Friday afternoons, to allow residents to enjoy a coffee while still maintaining social distancing. At Christmas, a local community group had arranged for a visit from Santa Claus, the Grinch and Olaf from Frozen; residents and staff told us this had been great fun.

6.2.4 The home's environment

The home was clean and tidy.

A detailed cleaning schedule was in place to guide staff. Additional 'touch point' cleaning was completed and recorded twice daily.

During the inspection, residents and staff left to attend an online meeting in the nursing home which is on the same grounds as the residential home, and under the same management. This was because there was no internet available in the home. Staff described the precautions in place to manage this safely, include a robust risk assessment, use of PPE and social distancing. However we highlighted the need for adequate internet access for both residents and staff, particularly with current use of video calling with relatives and multi-disciplinary professionals. The manager explained that this had been delayed due to COVID-19 restrictions and the need to limit footfall in the home. Following the inspection, the manager provided written confirmation that Wi-Fi internet would be available in the home from 21 January 2021.

Maintenance and refurbishment of some areas of the home was still required, despite having been identified during the previous inspection on 10 February 2020. This included replacement of the carpet in the lounge, damage to the bathroom window ledge and warping/water damage to a small section of the kitchen floor. We also noted small cracks on some bedroom walls and signs of wear and tear on the arms of some chairs in the lounge. Management outlined plans for total refurbishment of the lounge. We discussed the pressures and challenges for the home due to the COVID-19 pandemic, including supply issues and the need for reduced footfall. Review of governance records evidenced that management had monitored and escalated any issues to maintenance staff, with work being completed based on urgency and priority. Following the inspection, the manager provided written confirmation that the issues above were to be addressed within six weeks. Therefore an area for improvement was not required on this occasion.

Several boxes of prescription topical cream were incorrectly stored in the communal bathroom. Management agreed to remove the cream and liaise with the resident's G.P. and pharmacy regarding the discontinuation and correct disposal of this medication. An area for improvement was made.

6.2.6 Management and governance arrangements

Staff confirmed that the manager was supportive and responsive. There were good interactions between the manager and the residents and it was clear the manager knew the residents well.

A robust audit system was in place to monitor the quality of care and services in the home. This included audits of care records, restrictive practices, IPC measures, accidents, incidents, complaints and compliments. Audits contained clear and time limited action plans which were reviewed and confirmed appropriate action was taken when necessary.

Management maintained oversight of resident's nutritional needs and weight management. Review of completed audits and care records confirmed resident's needs were monitored and referrals made to multi-disciplinary professionals as required.

Staff and residents were given opportunities to provide formal feedback to management through regular meetings. Minutes were retained and included clear action plans if any issues or suggestions made to improve the care provided in the home.

We reviewed a sample of monthly monitoring reports available in the home however the most recent reports from November and December 2020 were not available during the inspection as a hard copy had yet to be printed. These reports were provided to RQIA on 15 January 2020 and were completed to an acceptable standard. Action plans referred to the ongoing environmental issues discussed in section 6.2.4 confirming that management maintained effective oversight of the home and was escalating any issues appropriately.

Areas of good practice

Areas of good practice were identified in relation to IPC measures, care delivery and management and governance arrangements in the home.

Areas for improvement

One area for improvement was identified in relation to the secure storage of medicines in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Residents looked well cared for and told us they were happy living in the home. There were good arrangements in place regarding the dining experience and activities provision in the home.

There were friendly and caring interactions between residents and staff.

The home was clean, warm and tidy. Staff adhered to IPC measures.

The manager provided written confirmation to RQIA on 15 January 2021 confirming that deficits identified during the inspection were being promptly responded to and addressed.

One area for improvement has been made in the QIP included below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joan Breton, care assistant and Theresa McClean, 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 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 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
To be completed by: immediate and ongoing	Response by registered person detailing the actions taken: The prescription cream was discontinued and the surplus disposed of.

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



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