

Inspection Report

Name of Service: Corriewood Private Clinic

Provider: Corriewood Private Clinic Limited

Date of Inspection: 16 & 17 September 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Corriewood Private Clinic Limited
Responsible Individual:	Mr Ricardo Daniel Goncalves Oliveira
Registered Manager:	Mr Moses Abile – not registered

This home is a registered nursing home which provides general nursing care for up to 79 patients, including patients living with a terminal illness. Corriewood Private Clinic also provides care for patients with a physical disability, those with mental health needs and patients with a learning disability.

The home is divided into four units. Annesley House and Wild Forest Suite which provides general nursing care. Spring Well Suite and Oak Tree Suite provides care for people with a learning disability.

Patients have access to communal dining rooms, lounges and extensive gardens from each unit.

2.0 Inspection summary

An unannounced inspection took place on 16 September 2025 from 09.25 am to 4.10 pm and 17 September 2025 from 09.40 am to 2.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 18 & 19 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to care delivery, record keeping and the patient dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider and three new areas for improvement were identified. Details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

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

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of attending activities or not; where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "I'm well looked after and everything's ok," and, "I like to rest in bed in the morning and then staff assist me to get up as I like to go to the dining room for lunch. They're good".

A patient's relative spoken with said, "All's good. The staff are attentive and there's enough staff around if Dad needs them. We have no issues at all".

Staff confirmed that there were good working relationships; there was enough staff on duty to meet patients' needs; that the manager was approachable and they felt supported in their role.

Following the inspection, we received five completed patient/patients' representative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing and recruitment was underway.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were nice. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by knocking on patients' doors before entering, offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room in Annesley House. The menu was displayed on the notice board, outlining what was available at each mealtime for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately. Patients spoken with said they enjoyed lunch.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on notice boards advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as armchair aerobics, coffee mornings, baking and arts and crafts. Patients spoken with said they enjoyed the activities they attended and that they especially enjoy the quizzes. On the second day of inspection, patients enjoyed a visit by a librarian who came to the home to read and chat to them.

A record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and generally well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

On inspection of an identified unit, it was noted that carpets were stained and not visibly clean. A malodour was noted coming from a bedroom carpet. Paint on door frames and doors were chipped and marked. This was discussed with the manager who advised deep cleaning of the area was ineffective and that plans were in place for redecoration. An area for improvement was identified.

Treatment rooms and sluice rooms were noted to be appropriately locked. However, a number of cleaning products in an identified store room, were observed to be accessible and not stored securely that could cause potential risk to the health and welfare of patients. An area for improvement was identified.

Equipment used by patients such as toilet frames, hoists and shower chairs were seen to be effectively cleaned. However, on inspection of hand sanitiser dispensers in corridors, it was noted that not all were effectively cleaned in accordance with infection control best practice. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

Since the last inspection there has been a change in the management arrangements. Mr Moses Abile has been the manager in this home since 18 May 2025.

Review of competency and capability assessments evidenced they were completed for trained staff regarding wound management and for nurses left in charge of the home when the manager was not on duty.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Patients, relatives and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Patient, patient representative and staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Moses Abile, Manager, and Mr. Ricardo Daniel Goncalves Oliveira, Responsible Individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (16 & 17 September 2025)</p>	<p>The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded to follow the home’s chemical storage policy in line with COSHH. Daily walk-around checks by the Home Manager or Nurse in Charge now include verifying safe chemical storage. Compliance will be monitored daily and monthly via Provider visit.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2025</p>	<p>The registered person shall ensure that the building is kept clean and hygienic at all times in accordance with infection control best practice and is decorated to a standard acceptable for patients.</p> <p>An action plan should be submitted to RQIA along with the response to the Quality Improvement Plan.</p> <p>Ref: 3.3.4</p>

	<p>Response by registered person detailing the actions taken: Enhanced cleaning schedules have been formalised to ensure the building is maintained in accordance with infection control best practice. A joint walk-around has been completed by the Estates/Facilities Director and the Home Manager to identify areas requiring improvement, particularly in the identified section of the building. A separate Environmental Action Plan has been submitted to RQIA outlining refurbishment and maintenance measures. Routine audits continue to monitor hygiene and environmental standards.</p>
<p>Area for improvement 2 Ref: Standard 46 Stated: First time To be completed: From the date of inspection (16 & 17 September 2025)</p>	<p>The registered person shall ensure that dispensers containing hand sanitiser are kept clean and hygienic at all times in accordance with infection control best practice in order to minimise the risk of infection for staff, residents and visitors.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Domestic staff have been reminded of the cleaning schedules, which include specific attention to the sanitiser dispensers. The Home Manager or Nurse in Charge has incorporated checks on dispenser cleanliness into the daily walk-around process</p>

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