The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Seeconnell Private Village**

Provider: **Corriewood Private Clinic Limited**

Date of Inspection: **14 October 2025**

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

1.0 Service information

Organisation:	Corriewood Private Clinic Limited
Responsible Individual:	Mrs Maria Therese McGrady
Registered Manager:	Mr John Cunningham

Service Profile:

Seeconnell is a registered residential home which provides health and social care for up to 21 residents living with a learning disability or mental health condition. The home is divided into two units, the Clan Unit and the Slieve Unit.

There are communal lounges and dining areas within each unit and individual bedrooms for residents with en suite facilities. Residents also have access to activity rooms and a sensory room within the home.

Externally there are several identified areas where residents can go for a walk, utilise the outdoor gym and soft play areas or enjoy gardening and looking after animals.

2.0 Inspection summary

An unannounced care inspection took place on 14 October 2025, from 9.35 am to 3.30 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

Full details, including new areas for improvement identified, 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 residents, 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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are brilliant", "if I have any worries I can speak to staff" and "I am very happy living here".

Residents who were unable to voice their opinions indicated to us through non-verbal cues, gestures and communication, that they were content in the company of staff. Residents were observed to be smiling and engaging positively with staff throughout the day.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Thirteen online survey responses were received following the inspection; while the majority of these confirmed that staff were satisfied or very satisfied with the provision of care in the home, two responses raised concerns about communication and management within the home. These comments were shared with the management team for their review and action. RQIA are satisfied with the robust written response shared by the management team in relation to their response about these concerns.

Eight questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

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 residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Staff were skilled at supporting residents to transition from one activity to another, in order to help manage any changes in their routines; this is an important strategy when working alongside residents living with learning disability and autism.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

However, it was noted that one staff member continued to stand while assisting a resident with their meal. This is not good practice and was shared with the management team for their consideration and review.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities both in and outside of the home and spoke highly of the staff involved in delivering activity provision in the home.

Observation of the planned activity, which was a Halloween craft activity, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities. Staff interactions with residents during this activity were person centred, attentive and compassionate.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Observations identified some concerns regarding environmental risk management. For example; razors were found in two resident's en-suites and shaving gel was located in a communal bathroom, which were easily accessible to anyone entering the room. An area for improvement has been identified.

It was identified in two communal bathrooms that residents' continence products were not being stored appropriately in accordance with the manufacturer's recommendations. An area for improvement has been identified.

There were some infection prevention and control deficits identified, for example equipment used by residents such as three shower chairs were rusted and could not be effectively cleaned. This was brought to the attention of the management team who acted quickly to remove these items and arrange for replacements. This will be reviewed again at a future inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr John Cunningham has been the Registered Manager in this home since 26 September 2025.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. 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/or the quality of services provided in the home.

Staff told us that they would have no issue in raising any concerns regarding resident' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	1

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 14 (4) **Stated:** First time **To be completed by:** 14 October 2025	The Registered Person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety. This area for improvement is made with specific reference to the safe storage of razors and toiletries. Ref: 3.3.4
	Response by registered person detailing the actions taken: Toiletries and Razors are now securely stored in a locked drawer in each of the residents individual rooms. In the female area upstairs there is a locked trolley which safely holds these items. All toiletries and razors are kept in their own individual and labelled toiletry bags. Those residents that are more able lock their doors after exiting to ensure products are unattainable by others. All staff have been made full aware of the procedure and that items are to be returned to the secure storage after each use.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 35 **Stated:** First time	The Registered Person shall ensure that continence products are stored appropriately in accordance with the manufacturer's recommendations and best practice guidance for infection prevention and control.

To be completed by: 14 October 2025	Ref: 3.3.4
	Response by registered person detailing the actions taken: Plastic containers have been purchased to ensure continience products are stored safely and appropriately. During the staff meeting staff were given clear direction that these products must remain in their original packageing, be clearly labelled for individual residents, and be kept within the designated storage areas at all times.This was reiterated during the implementation of the plastic containers.

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

The Regulation and Quality Improvement Authority

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