



Announced Care Inspection Report 5 June 2020



Ratheane Care Home

Type of Service: Residential Care Home (RCH)
Address: 58 Mountsandel Road, Coleraine BT52 1JF
Tel No: 02870344299
Inspector: John McAuley

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 registered residential care home which provides care for up to 17 persons within the categories of care detailed in section 3.0. The home shares the same site with a registered nursing home.

3.0 Service details

Organisation/Registered Provider: Ratheane Responsible Individuals: Brian Macklin Mary Macklin	Registered Manager and date registered: Araceli Flores 22 September 2017
Person in charge at the time of inspection: Araceli Flores - registered manager	Number of registered places: 17
Categories of care: Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 16

4.0 Inspection summary

An announced inspection took place on 5 June 2020 from 10.00 to 14.30 hours. .

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information on 13 May 2020 which raised concerns in relation to care practices. In response to this information RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

Short notice of the inspection was given to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection.

The following areas were examined during the inspection:

- Staffing
- Personal Protective Equipment (PPE)
- Care delivery
- Governance and management

Feedback from residents throughout this inspection were all positive in regard to their life in the home, the provision of care and their relationship with staff.

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Araceli Flores, Manager and Christine Thompson, Regional 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
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned QIP from the previous care inspection
- The previous care inspection report

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. No responses from these questionnaires were received in time for inclusion to this report.

The following records were examined during the inspection:

- staff duty rota
- staff register
- resident register
- two residents' care records
- managerial audits, monthly monitoring reports
- complaints records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager and regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 9 May 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure that at all times there is staff working in the home in such numbers as are appropriate for the health and welfare of residents.	Met
	Action taken as confirmed during the inspection: Discussion with the manager together with review of the duty rota confirmed that the staffing levels had been reviewed and amended to reflect the assessed needs of residents within the home.	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time	The registered person shall ensure that a record is made of the furniture and personal possessions which each resident has brought to their room.	Met
	Action taken as confirmed during the inspection: An inspection of a sample of two residents' care records confirmed that this record was in place.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.11 Stated: First time To be completed by: 4 July 2019	The registered person shall ensure that the system used by senior management in the monthly visits by the registered provider tracks the progress of actions until they are satisfactorily completed.	Met
	Action taken as confirmed during the inspection: An inspection of a sample of the monthly monitoring records confirmed that the progress of actions was recorded appropriately.	

Area for improvement 2 Ref: Standard 4.6 Stated: First time To be completed by: 4 July 2019	The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Met
	Action taken as confirmed during the inspection: An inspection of a sample of two residents' care records confirmed that this was in place.	

6.2 Inspection findings

6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The senior care assistant in charge confirmed that she had a competency and capability assessment undertaken to fulfil the responsibilities of this role.

The manager explained that the staffing levels were safe and appropriate to meet the number and dependency levels of residents and that staffing levels would be adjusted when needed.

Staff confirmed that they were very satisfied with the revised staffing levels which they stated had resulted in a significant improvement in their ability to meet residents' needs. Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Staff also stated that they felt residents received a good standard of care, were treated with respect and dignity.

Residents stated that they felt safe and that there was always staff available if they required assistance.

6.2.2 Safeguarding residents from harm

The home has a policy and procedure which was in keeping with regional adult safeguarding guidance. The manager demonstrated a good understanding of the safeguarding process.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.3 Environment

The home was clean and tidy throughout; the décor and furnishings were also well maintained. The regional manager outlined that there was an ongoing programme of redecoration to drive

improvement within the home. Residents' bedrooms were comfortable and largely personalised through individual choice. Bathrooms and toilet facilities were clean and hygienic.

6.2.4 Infection prevention and control (IPC)

Observation of care practices, discussion with staff and inspection of audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment; staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed. The laundry department was tidy and well organised.

Discussions with some residents in relation to the enhanced IPC measures, confirmed that they understood and accepted the need for these.

6.2.5 Care practices

Staff interactions with residents were polite, friendly, warm and supportive. Residents were at ease in their environment and interactions with staff. There was a pleasant atmosphere throughout the home, with residents enjoying chat with staff. Staff were attentive and residents' expression of needs were promptly responded to by staff.

Residents were all being cared for in their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of residents, when appropriate.

Feedback from residents was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- "I love it here. There are no problems."
- "Honestly, the staff are all brilliant."
- "I am very happy here in all respects."
- "All my needs are being met and the staff are very attentive."
- "I love it here. I couldn't complain about a single thing. I love the food too."

A sample of care records which were reviewed clearly noted residents' wishes, interests and preferences, such as: information about what activities each resident would like to do and their daily routines. An area of improvement in accordance with standards was identified, with the genre of music played in a resident's bedroom, which was not in keeping with their age group or taste.

Choice of meals was found to be in place. However, the choice of evening meal at the time of this inspection did not have a healthy alternative, from the two similar choices available. This has been identified as an area for improvement.

6.2.6 Managerial oversight

The home has a defined managerial structure as detailed in its Statement of Purpose. The manager possessed a comprehensive knowledge of residents' needs, staffing arrangements and her managerial responsibilities. The regional manager confirmed that she provides the manager with ongoing support, as needed.

A selection of audits were inspected in relation to: accidents and incidents, hand hygiene, IPC and restrictive practices. These were completed regularly and any areas for improvement were identified and addressed.

Inspection of complaints records evidenced that complaints are taken seriously and managed appropriately. Residents were aware of how to make a complaint and stated that they felt such expressions would be dealt with appropriately. Staff stated that they would not hesitate to raise any concerns with management and they felt they would be supported in doing so.

Areas of good practice

Areas of good practice were found in relation to teamwork, staff support, feedback from residents and the person centred atmosphere and ethos of the home.

Areas for improvement

There were two areas for improvement identified during the inspection. These were in relation to reviewing the provision of choice in the menus and addressing any inappropriate genre of music being played for residents' enjoyment.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy while staff demonstrated a good understanding of infection, prevention and control measures in place. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Araceli Flores, Manager and Christine Thompson, Regional 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 5.3 Stated: First time To be completed by: 12 June 2020	<p>The registered person shall ensure that genre of music played for residents is in keeping with their age group and tastes.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been reminded to ensure that appropriate radio stations are put on for each resident based on their choice.</p>
Area for improvement 2 Ref: Standard 12.3 Stated: First time To be completed by: 12 June 2020	<p>The registered person shall ensure that there are adequate provisions of choice in the menu, particularly healthy options/alternatives.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: On the day of the inspection we were having “Chippy Friday” and therefore two choices focused around the themed night, however as explained to the inspector on the day that the kitchen are very accommodating to the residents and often make many different meals to accommodate likes and wishes. All staff reminded to offer patients another option if they do not want the meals provided. We have a 4 weekly menu rotation for each season of the year, these menus are reviewed by the Catering Manager when she is reviewing the menu choice of patients. The Catering Manager also ensures that she speaks to patients when they are admitted to the home to determine their choices, likes and dislikes.</p>

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



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