



Unannounced Care Inspection Report 9 May 2019



Ratheane Care Home

Type of Service: Residential Care Home

Address: 58 Mountsandel Road, Coleraine BT52 1JF

Tel no: 028 7034 4299

Inspectors: Alice McTavish and Briege Ferris

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 older people or people who have a disability.

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	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	Total number of residents in the residential care home on the day of this inspection: 17

4.0 Inspection summary

An unannounced inspection was undertaken by care and finance inspectors on 9 May 2019 from 10.00 hours to 18.30 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

The focus of the finance inspection was to establish the controls in place to safeguard residents' monies and valuables.

Two areas for improvement were identified in relation to the care delivered to residents. These were in respect of staffing levels and the reports of the monitoring visits by the registered provider.

Two areas requiring improvement were identified in relation to the finance inspection. These were in respect of residents' property records and updating residents' individual written agreements with the home.

Evidence of good practice was found in relation to staff training, supervision and appraisal, care records, communication and to maintaining good working relationships.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings, and in their interactions with other residents and 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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Araceli Flores, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 26 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 26 July 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received.

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

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. A poster was provided for staff detailing how they could complete an electronic questionnaire. Seven questionnaires were returned by residents or their relatives. No questionnaires were returned by staff.

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

- staff duty rota from 29 April to 12 May 2019
- staff training schedule
- staff induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from February to May 2019
- reports of visits by the registered provider from January to March 2019
- RQIA registration certificate

- residents' income and expenditure
- personal monies received from the HSC trust on behalf of an identified resident
- reconciliation records for money and valuables
- hairdressing and chiropody treatment records
- resident personal monies authorisations
- written financial policies

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 the last care and medicines management inspections

Areas for improvement identified at previous care and medicines management inspections have been reviewed and assessed as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Staffing levels

We could see that the duty rota accurately reflected all of the staff working within the home; staff who were to be on duty were present and were carrying out their duties. On the day of the inspection there was an additional member of staff on duty who not normally appear on the rota.

We could see that there was enough staff in the home to quickly answer any requests by residents for help and to assist with care when needed. The care staff told us that there was enough staff on duty on the day of inspection, but that this was not always the case.

The care staff we spoke with told us that they were always busy, especially in the mornings when residents needed the most help with their personal care. Staff told us that many residents chose to take their breakfast in their rooms and it takes staff a lot of time removing the trays from bedrooms when residents have finished eating.

Staff also described how the medicines round frequently takes a long time to complete as they are called away to help residents or have to make essential calls to GP surgeries. This means that residents sometimes get their medications late and that any medications given at lunch time are given very close to the morning medications.

The residents that we spoke with said that they felt safe and that there was always staff around to help them if they needed it; this included during the night.

In the questionnaires completed by residents or their relatives one person wrote: "If short staffed, staff can't get to (me) quick enough," and: "More staff needed, girls work really hard and sometimes just don't have enough time to sit and talk."

We shared this information and the views of residents and staff with the registered manager, and requested that staffing levels for the home be reviewed to ensure that the home was able to safely meet the residents' needs.

Staff induction, supervision, appraisal and competency

We looked at records which showed that staff received a thorough induction to working in the home. We looked at records which showed that all staff were provided with supervision and had an annual appraisal.

All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home in her absence. The manager told us that she would review this assessment if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This is good practice.

Staff training

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean, tidy, warm and fresh-smelling. We looked in the bedrooms of some residents, with their permission and found that they contained lots of personal items.

There was a communal lounge for the use of residents on the ground floor along with a dining room which was also used for activities and meetings. We also saw that residents could sit in the entrance hallway to the home. We saw that all fire exits were free from obstruction and that furniture in bedrooms and communal areas was in good repair.

A resident said, "They (staff) keep my room lovely and clean. I can get a great night's sleep, my bed is lovely and comfortable."

Infection prevention and control (IPC)

The registered manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from records that all staff had received training in IPC. We saw that staff used the gloves and aprons and that there was hand sanitiser available throughout the home.

We saw evidence that the registered manager completed hand hygiene audits regularly to make sure that staff used good hand hygiene practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, infection prevention and control and the home's environment.

Areas for improvement

One area for improvement was identified. This was in relation to a review of staffing levels in the home.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

Staff described how risks relating to residents were identified and assessed and a plan then put in place to meet the care needs of the resident. If, for example, a resident might be at risk of falling, a pressure alarm mat was used to alert staff if the resident rises from their bed or chair. We saw how this was documented in the care records.

The manager told us about how staff manage falls, particularly observations of residents and seeking medical assistance when required. The manager completes an audit of accidents and incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions which may reduce the likelihood of further falls occurring.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were well written and used language which was respectful of residents. There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We also saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

The dining experience

We saw some residents taking a leisurely breakfast when we arrived and saw residents when they were taking their lunch. We could see that the dining room was spacious, clean and bright. There was a menu clearly displayed on the wall.

The lunch service was relaxed but well organised. We could see that the portion sizes were good and there was a variety of cold drinks available. The residents said that they enjoyed the food in the home.

Residents said, “The food is great, really lovely,” and, “The food is good and I get plenty to eat”.

A resident described how the cook knew that he was particularly fond of a particular pudding and made this for him even when it wasn’t on the planned menu. This resident also told us about how the cook made a cake for this 91st birthday party. Another resident told us that the cook takes the trouble to provide meals at the time and in the way that she likes them.

A member of staff told us about how the residents had the choice of taking their breakfast in their own room at a time when it suited them best.

We spoke with a community nurse who told us that the home provides good care: “Care staff know their residents well and are quick to report any changes in their needs or if there are any concerns. They communicate very well with nursing services. I have never heard any criticisms of the home and I would recommend Ratheane as one of the best homes in the area. I feel residents get very good care here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.5 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.

Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

A resident reported, “Staff are wonderful, especially (a particular staff member) who couldn’t do enough for me. She stays on (after he shift finishes) if there’s anything I need. They come to me if I need anything and I never have to wait. I have lots of visitors and they are always made to feel welcome. I am well cared for and I am content here.”

We could see that residents’ wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents’ daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear. Staff told us that the residents’ routines depended on what residents wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us there was an activities co-ordinator who worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection this member of staff was not on duty but residents told us that they were happy with the range and frequency of activities on offer.

A resident told us: “I prefer to spend time in my own room and I don’t like to take part in the organised activities – I’ve always been like that”.

Other residents said, “I like to spend my time in my room. The activities girl comes to me and tells me what is happening each day and invites me along, but I usually choose not to,” and, “I like to spend time in my room watching my television and DVDs but I also go for walks around the home and I always go to the church services. I’m happy here.”

Another resident said, “The staff are good here, I like it, especially as I don’t have to cook, or wash up, or clean or do my laundry. The girls are great”.

We also spoke with a relative of a resident who said, “The staff are excellent here. They let me know if they have any concerns about (my relative). They treat him very well and I know he is safe here. They understand him and they keep him busy. He loves to go to the day centre and he helps them to keep the garden tidy and to paint the fences. The staff are absolutely lovely.”

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

Seven questionnaires were returned by residents or their relatives. All respondents indicated satisfaction that the care in the home was safe, effective, compassionate and that it was well led. The comments made by one respondent are already included in Section 6.3. Additional comments received were as follows:

- "I am very happy with all aspects of my care in Ratheane care home."
- "Very pleased with care. Everyone very friendly. If you have a problem it will be dealt with immediately. A very caring environment."
- "I'm very happy living here."
- "My (relative) is very happy here and as a family we have been very happy with the care she receives."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.6 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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

A key part of the registered manager's role is that she spends time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, hand hygiene and IPC and looks for any ways in which these areas can be improved. We looked at records of audits and found that these were completed regularly and that any areas of improvement were identified and addressed.

Complaints and Compliments

The registered manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed. A resident said, "I know I can go straight to (the manager) if I have any complaints or worries, but I have none."

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and for learning. We saw that some written compliments were received but it was not clear whether these had been for the residential care home or the adjoining nursing home. We advised the manager to keep separate records of compliments and that these should be dated.

Accidents and incidents

The registered manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in the International Dysphagia Diet Standardisation Initiative (IDDSI), a system for describing and defining textures for foods and fluids for people who experience difficulties with swallowing. Staff who we spoke with were familiar with how residents who had difficulty with swallowing should be cared for.

Communication

The manager told us about regular staff meetings and how information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Visits by the registered provider

A senior manager for the organisation was present for part of the inspection and described how she ensured that the home was well organised and managed. There was a clear management structure throughout the organisation.

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in January, February and March 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary.

We also looked at the report from August 2018; an area for improvement which we identified during the last care inspection (relating to a review of several policies and procedures) was noted to be ongoing. This is not noted in later reports. We know that these documents were reviewed and submitted to RQIA only after this inspection. This tells us that the system used by senior management in the organisation is not robust enough to track the progress of actions until they are satisfactorily completed. This area needs to be improved to ensure that it meets the standards.

Resident finances

A range of residents' financial records including resident agreements, income and expenditure records and residents' property records was reviewed. Two areas for improvement were identified. One was in respect of ensuring that the home maintains a detailed list of the property which each resident has brought to their room. The other was to ensure that residents' agreements with the home are updated to reflect any change and confirmed in writing by the resident or their representative.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents and maintaining good working relationships, residents' income and expenditure records and the records of regular reconciliation of monies and valuables deposited for safekeeping.

Areas for improvement

Three areas for improvement were identified. These related to the visits by the registered provider, records of residents' possessions and providing written notice to residents or their representative of all changes to the agreement.

	Regulations	Standards
Total number of areas for improvement	1	2

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, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 6 June 2019	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The staffing levels in the home have been reviewed and following discussion with the staff we have increased the staffing levels in the morning period.</p>
Area for improvement 2 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time To be completed by: 4 July 2019	<p>The registered person shall ensure that a record is made of the furniture and personal possessions which each resident has brought to their room.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A record of all residents possessions are kept making mention of personal possessions and furniture brought into the building, disposed of and taken by relatives.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.11 Stated: First time To be completed by: 4 July 2019	<p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Registered manager will read all monthly visits action plan. The Quality Governance Manager has received additional training and will ensure that items remain on the visit until they have been met.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.6</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</p>	<p>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.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Residents or their representatives are given written notice of changes to their agreement and a copy is placed on their file. Where residents or representatives refuse to sign this will be documented and placed in the file.</p>

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



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