

Inspection Report

13 May 2021



Ratheane Care Home

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ratheane Responsible Individuals: Brian Macklin and Mary Macklin	Registered Manager: Mrs Araceli Flores Date registered: 22 September 2017
Person in charge at the time of inspection: Araceli Flores	Number of registered places: 29
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. 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 care home on the day of this inspection: 26
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 29 persons. The home is on the ground floor and is divided in two units, one which provides care for people with dementia and another which provides general residential care. There is also a registered Nursing Home under the same roof. Residents have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2021 between 9.45 a.m. and 6.16 p.m. The inspection was undertaken by a care inspector.

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.

Evidence of good practice was found in relation to the assessment of staff competency and capability to be in charge of the home when the manager is not on duty, the frequency of mandatory staff training and the warmth and compassion shown by staff towards residents.

Areas requiring improvement were identified. These related to staff training records, care plans, detail on the daily care records, the report of the visit by the registered provider and to the fire risk assessment.

RQIA was assured that the delivery of care and service provided in Ratheane Care Home was safe, effective, compassionate and well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

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

To prepare for this inspection, information held by RQIA about this home was reviewed. 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 residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed along with how staff went about their work. A range of documents was examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

4.0 What people told us about the service

We spoke with six residents and three staff. Residents spoke highly on the care that they received and on their interactions with staff; they said that staff treated them with respect and that they would have no issues in raising any concerns with staff. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff spoke positively about the care provided to residents and the support given to them by management.

One questionnaire was received from a resident's relative who made the following comments: "The care my (relative) receives is excellent. Even through the Covid pandemic I was kept updated on all aspects of my (relative's) care. All staff and management and admin very helpful". No feedback was received from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Ratheane Care Home was undertaken on 25 November 2020 by a care inspector; no new areas for improvement were identified. Two areas for improvement, which were identified during a previous medicines management inspection, were carried forward to this inspection.

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 30 Stated: First time To be completed by: 29 May 2018	The registered person shall ensure that the disposal of medicines is reviewed to ensure that discontinued or expired medicines are returned to the community pharmacy for disposal. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the policy document confirms discontinued or expired medicines are returned to the community pharmacy for disposal.	
Area for improvement 2 Ref: Standard 30 Stated: First time To be completed by: 29 May 2018	The registered person shall ensure that policies and procedures for the management of medicines are reviewed and revised as necessary, to reflect that this is a residential care home. Ref: 6.6	Met
	Action taken as confirmed during the inspection: Inspection of the policy documents confirm these were revised to reflect that this is a residential care home.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the residents and this also included agency staff.

There were systems in place to ensure staff were trained and supported to do their job, for example, staff received regular training in a range of topics and regular staff meetings were held. It was noted that some staff training records covered all staff who working in the residential care home and in the nursing home. Training records should be maintained separately for the residential care home. This was identified as an area for improvement.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; staff attended to residents in a caring and compassionate manner.

Residents said that staff treated them kindly, responded promptly to call bells, the food was good and the home was kept very clean and comfortable. One resident, however, commented that although staff came to her quickly if she needed assistance, they did not have time to spend with residents as they are very busy. This was discussed with the manager who reported that an activities co-ordinator had been recruited and was to begin work in the home in the very near future.

A review of records, observation of practice and discussion with residents and staff established that there was safe staffing in the home. One aspect of staffing will be improved through compliance with the area for improvement identified.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a regular basis. Staff said they were confident about reporting concerns about residents' safety and poor practice.

The manager reported that residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home; complaints were used as a learning opportunity to improve practices and the quality of services provided by the home.

Discussion with the manager confirmed that the use of restrictive practices, namely the presence of keypads within the home, was effectively managed. The manager also confirmed that staff had attended training relating to the potential use of restrictive practices and best interest decision making.

All staff, and particularly those in the dementia unit, were noted to be prompt in recognising residents' needs and any early signs of distress, especially in those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents, were respectful, understanding and sensitive to residents' needs. Staff provided additional support to residents who needed help at mealtimes, using gentle encouragement, prompting and good humour.

A review of records, observation of practice and discussion with staff established that there were appropriate safeguards in place to support residents to feel safe and be safe.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Inspection of the home's environment included a selection of bedrooms, storage spaces and communal areas such as lounges, dining rooms and bathrooms. There was evidence that the environment was well maintained and a review of records confirmed that the required safety checks and measures were in place and regularly monitored. There was a fire risk assessment completed on 9 July 2020. It was noted that the areas identified for action had not been signed and dated. Although Information was submitted to RQIA following the inspection confirming that the recommendations made in the Fire Risk Assessment were actioned, this information was not available on the day. This was identified as an area for improvement.

Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents said they were happy with the home's environment; staff reported that residents living in the dementia unit particularly enjoyed having access to the adjoining garden and had been involved in planting and maintaining the flower beds.

The home's environment was well managed to provide a comfortable and safe environment and will be improved through compliance with the area for improvement identified.

5.2.4 How does this service manage the risk of infection?

Discussion with the manager confirmed that there were robust arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. The home had implemented the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Residents said they were relieved that restrictions on visiting had been relaxed and they were enjoying receiving more frequent visits from family and friends.

It was established that appropriate arrangements were in place to manage the risk of infection.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents' care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

The manager and staff were knowledgeable about how to effectively monitor residents' skin and understood the pathway for referring to the multidisciplinary team, such as district nursing. The manager and staff were also familiar with how residents should be assisted by staff to change their position regularly. Skin care was clearly recorded in residents' care records.

Discussion with the manager and staff and review of care records provided assurance that residents' risk of falling was robustly managed. The manager regularly completed a critical analysis of falls within the home to determine if anything more could be done to prevent future falls occurring. There was also evidence of appropriate onward referral as a result of this analysis, to other professionals such as the Trust's Specialist Falls Service, their GP, or physiotherapy.

There was a system in place to ensure accidents and incidents were appropriately managed, monitored and notified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Meals taken in the dining room provided an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms and trays were taken to these residents.

Staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were clearly identified and communicated across the staff team and care was delivered effectively to meet the needs of residents.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to reflect the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, as appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each resident's care needs and what or who was important to them. It was noted, however, that the direction given to staff as to how residents were to be supported with oral hygiene lacked detail about tooth and/or denture care and denture security. This was identified as an area for improvement.

Daily records were kept of how each resident spent their day and the care and support provided by staff. It was noted that the daily records did not specify the oral care given or comment on whether this was declined by the resident. This was identified as an area for improvement.

The review of care records established that the care needs of residents were noted and reviewed regularly to reflect any changes. One aspect of care recording will be improved through compliance with the area for improvement identified.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed that they were able to choose how they spent their day, for example, residents could have a lie in or stay up late to watch TV. In the afternoon of this inspection, a group of residents had gathered in the lounge for a birthday party and a cake was supplied. It was evident that the residents were enjoying this.

Residents said that staff offered choices to them throughout the day about getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff in the dementia unit described how they provided a range of individual and group activities such as arts and crafts, music, armchair exercises, floor games, quizzes and gardening. Where residents preferred to spend time in their rooms, staff engaged residents in one to one activities.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was suspended due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished. It was positive to note that an activities co-ordinator was due to begin employment in the home in the very near future.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of falls, care records, IPC and the home's environment. It was noted that the Trust IPC team had described the work done by the manager and staff as 'superb'.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A record of compliments received about the home was kept and shared with the staff team. This is good practice. An example of a compliment was "I cannot put into words how much my family and I appreciate all the love and care you give (my relative) ...it gives us all comfort to know she is happy and well cared for".

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents and staff and to examine all areas of the running of the home. It was noted, however, that there had been no consultation with residents' relatives. This was identified as an area for improvement. The reports of these visits were completed in a high level of detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The service was well led with a clear management structure and a system in place to provide managerial oversight of the delivery of care to residents. The system to provide robust provider oversight of the running of the home will be improved through compliance with the area for improvement identified.

6.0 Conclusion

Feedback from the manager, staff and residents, review of records and observation of the environment provided assurance that care to residents within Ratheane Care Home was safe, effective, compassionate and well led.

Residents were supported by staff to have meaning and purpose in their daily life; interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

As a result of this inspection five areas for improvement were identified. These related to staff training records, care plans, detail on the daily care records, the report of the visit by the registered provider and to the fire risk assessment. Details can be found in the Quality Improvement Plan.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Araceli Flores, manager, 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 27 (4) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the Fire Risk Assessment is reviewed and any actions required are signed and dated when completed; the manager is aware of the all actions required within the Fire Risk Assessment and the completed document is available for inspection.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Fire Risk Assessment had all actions completed following receipt of Risk Assessment and was held by the Estates team, the manager now has this document and it is retained in the home for inspection.</p>
Area for improvement 2 Ref: Regulation 29 (3) (a) Stated: First time To be completed by: With immediate effect	<p>The responsible person shall ensure there is consultation with residents' relatives and this is noted within the reports of the visits by the registered provider.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: Consultation with relatives was difficult due to the pandemic and the reduced visiting within the home, visiting has resumed as per government guidelines and consultation has resumed and is recorded on the Reg 29 Provider visit report on a monthly basis.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 23.6 Stated: First time To be completed by: 30 June 2021	<p>The responsible person shall ensure staff training records are maintained separately for the residential care home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The training records were maintained for the whole home but have now been separated to reflect the staff who work in the residential home.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The responsible person shall ensure that care plans are reviewed to reflect how residents are to be supported with oral hygiene; this should specify tooth and/or denture care and denture security.</p> <p>Ref: 5.2.6</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Care plans have been reviewed to ensure residents care plan reflect the support provided with oral hygiene, dental care and denture security.</p> <p>The responsible person shall ensure that daily records specify the oral care given or comment on whether this was declined by the resident.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Staff are recording on their daily notes daily care/support provided and whether this was declined or tolerated by the patient. We have introduced Epiccare touchcare (an electronic care record system for care staff) this also records oral care on a daily basis for the residents</p>

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