

Inspection Report

16 January 2023



Ratheane Care Home

Type of service: Residential Care Home
Address: 58 Mountsandel Road,
Coleraine, BT52 1JF
Telephone number: 028 7034 4299

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Ratheane Responsible Individuals Brian Macklin, Mary Macklin	Registered Manager: Noeleen Tweed, not registered
Person in charge at the time of inspection: Noeleen Tweed, manager.	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: 27
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 29 residents. The home is located on the ground floor and is divided in two units. The Elm unit provides care for people living with dementia and the Cedar unit provides general residential care. Residents have access to communal lounges, dining rooms and a garden. There is a separately registered Nursing Home under the same roof.	

2.0 Inspection summary

An unannounced inspection took place on 16 January 2023, from 9.30 am to 4.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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. Residents and their relatives confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents and their relatives are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

The home was clean, tidy and warm and had a homely, inviting atmosphere.

There were no areas for improvement identified during this inspection. RQIA were sufficiently assured that the delivery of care and service provided in Ratheane Care Home was safe, effective and compassionate, and that the home was 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 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "the staff are wonderful", "the girls are so kind every single one of them", "I like it here, this is a lovely place" and "I love it here, it is really good."

We spoke with two residents' relatives who told us they had no concerns about the home, commenting; "I am very impressed with this place, it is great". A second relative commented "the staff are amazing, they respond quickly if mum is unwell". Both relatives spoken to also confirmed that the communication from the home was excellent.

Staff commented that the home was "good place to work". All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to completed any training relevant to their roles and responsibilities.

A student on placement in the home highlighted the good practice that she had witnessed and commented that "the staff really know the residents' likes and dislikes, they know them very well."

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 11 October 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (3) (a) Stated: First time	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. Action taken as confirmed during the inspection: This area for improvement has been met.	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	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. Action taken as confirmed during the inspection: This area for improvement has been met.	Met

Area for improvement 2 Ref: Standard 8.2 Stated: First time	The responsible person shall ensure that daily records specify the oral care given or comment on whether this was declined by the resident.	Met
	Action taken as confirmed during the inspection: This area for improvement has been met.	
Area for improvement 3 Ref: Standard 32 Stated: First time	The registered person shall ensure that the management of medicine refrigerator temperatures is robust as detailed in the report.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated excellent knowledge of their roles and responsibilities regarding Adult Safeguarding, Dysphagia and Deprivation of Liberty Safeguards (DoLS). A review of the homes training matrix confirmed that all mandatory training is up to date.

On one staff duty rota, there was a day when staff were not recorded as being on duty. However; a second rota had been completed which accurately reflected the staff working in the home on a daily basis. This was discussed with the manager who agreed that moving forward; to avoid any confusion one rota would be used for the home. Therefore an area for improvement was not identified at this time.

The duty rota identified the person in charge when the manager was not on duty. The role in which staff were working was evident on the records reviewed.

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, staff were observed responding to call bells promptly in a caring and compassionate manner. Staff were also observed spending time with residents chatting with them in the lounge.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels, training arrangements and the level of communication between staff and management. Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

Residents told us that the staff were “wonderful” and “the staff are lovely, they are so kind”. One resident told us “if I feel unwell I press my call bell and staff come quickly both day and night.”

Residents’ relatives said, “this is a great place, very welcoming,” and “the staff are amazing, they know mum so well.”

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents’ needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells throughout the day.

Staff in both units 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; they were understanding and sensitive to residents’ needs.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering and by discussing residents’ care in a confidential manner.

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.

There was evidence that residents’ needs in relation to nutrition were being met. Staff told us how they were made aware of residents’ nutritional needs and confirmed that residents care records are reviewed to ensure residents received the correct consistency of diet.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. At the residents’ request, music was playing in the dining room while they had their lunch. It was observed that residents were enjoying their meal and their dining experience.

Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. In the dementia unit, staff were observed providing additional support to residents who needed help, using gentle encouragement, prompting and humour.

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.

The menu for the day was on display and both residents and staff confirmed that choices for meals were always offered. One resident told us “at lunch time, if you don’t like what they give you, you are offered something else.”

Residents’ needs were assessed at the time of their admission to the home. Care records were maintained and accurately reflected the needs of the residents. If required care staff consulted relevant professionals and followed any recommendations they made.

There was evidence of a person centred approach throughout care records. For example, care plans were detailed and contained specific information on each individual resident’s care needs and what or who was important to them. Residents were involved in planning their own care and the details of care plans were shared with residents’ relatives, if this was appropriate.

There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain. Records showed onwards referrals when concerns were raised with regards to significant fluctuations in weight.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the person in charge confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage and review this aspect of care.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was filed in the residents’ individual file.

Residents’ relatives said that “staff are quick to respond, they know mum so well.” Both relatives spoken to spoke highly of the good communication between the home and the family.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents’ bedrooms were personalised with photographs and other items or memorabilia.

Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. One resident commented “my room is kept to perfection.” Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day.

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.

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 28 July 2022. The manager confirmed that actions from the risk assessment had been completed and these had been signed off by one of the management team. Staff were aware of their training in this area and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, there was ample supply of Personal Protective Equipment (PPE) within the home.

Staff were observed using PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

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. One resident told us “I can’t complain, we have activities like bingo, I love the bingo.”

The home has a monthly newsletter to keep both residents and relatives informed as to what is happening in the home. Daily newspapers are made available to those residents’ who wish to receive them and a library service is made available to all residents.

It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time. For example some residents expressed a wish to have their lunch in their bedrooms and this was accommodated.

Residents’ needs were met through a range of individual and group activities. For example, on the day of the inspection, a music activity ‘playlist for life’ was taking place and residents in the dementia unit were seen to be enjoying this activity and joining in with the songs.

The activities coordinator discussed the importance of a person centred approach when it came to activities for the residents. An activities planner was made available to the residents and was on display in both lounges. Activities on this planner included; quizzes, group games, arts and crafts sessions and a church service. Party nights were arranged on a monthly basis this included a Burns night party and a Valentines night party; residents could choose whether or not they wished to attend.

Staff recognised the importance of maintaining good communication with families. The relatives spoken to confirmed that the communication between the home and families was excellent.

Visiting arrangements were well managed and the visiting policy was available for families to view. Residents’ relatives said that they always felt welcomed when visiting the home.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection. Mrs Noeleen Tweed, has been the acting manager of the home since 7 September 2021. Mrs. Tweed has confirmed her intention to come forward for registration with RQIA.

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.

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. Staff commented positively about the manager and described her as supportive and approachable. Staff told us that there was good communication from management and everyone knew what was expected of them.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across all aspects of care and services provided by the home.

Residents' relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns raised.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would take any concerns seriously and deal with them appropriately. One resident told us "all my queries are answered quickly."

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 homes safeguarding champion. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff presented as knowledgeable with regards to the safeguarding process and a review of the training records confirmed that staff had completed their mandatory safeguarding training.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

No new areas for improvement have been identified during this inspection.

	Regulations	Standards
Total number of Areas for Improvement	0	*1

* the total number of areas for improvement includes one standard that has been carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: From time of inspection	The registered person shall ensure that the management of medicine refrigerator temperatures is robust as detailed in the report.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care