

Inspection Report

7 September 2023



Ratheane Care Home

Type of service: Residential Care Home
Address: 58 Mountsandel Road,
Coleraine, BT52 1JF
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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: Mrs Noeleen Tweed, not registered
Person in charge at the time of inspection: Mrs Noeleen Tweed	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: 29
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, bathrooms, 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 7 September 2023, from 9.55 am to 4.40 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents told us that they were happy in Ratheane Care Home and spoke highly of the staff and the management team. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents confirmed that they would have no issue with raising any concerns or complaints to staff.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

Specific comments received from residents and staff are included in the main body of this report.

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

One new area for improvement was identified during this inspection with regards to the updating of risk assessments to reflect residents wishes with regards to call bells in their bedrooms. One area for improvement was not reviewed at this inspection and is carried forward to the next inspection.

Addressing these areas for improvement will further enhance the quality of care and services in Ratheane Care Home.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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, "I love it here, it is a good homely atmosphere," and "all is ok, the staff are nice, I have no complaints." Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

Staff spoke positively in terms of the provision of care in the home. One staff member said, "I love working here the staff are very good and the manager is excellent."

One residents' relative told us "this place is great; I have no complaints."

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. Compliments received included, "thanks so much for all the TLC, just one word describes you all, amazing," and "thank you for all the amazing care given."

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 16 th January 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 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 regulation 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 good knowledge of their roles and responsibilities regarding Adult Safeguarding, Infection Control and Deprivation of Liberty Safeguards (DoLS).

The staff duty rota accurately reflected the staff working in the home on a daily basis including the capacity in which they worked. Some staff expressed concerns in relation to the staffing levels particularly in the mornings. Details were discussed with the manager during feedback. The manager confirmed that she was reviewing the staffing levels in the home, therefore an area for improvement was not identified at this time; this will be reviewed at the next inspection.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management.

Residents' relatives said, "the staff are wonderful, they are so helpful."

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 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. For example, in the Elm unit, staff responded to one resident's distress in a caring and compassionate manner, answering questions and spending time reassuring them.

Staff respected residents' 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.

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. 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.

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.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. There was evidence of a person centred approach throughout care records. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. One residents' relative told us "I am kept up to date when needed."

It was observed that, in some bedrooms, there was no call bell lead in place for residents and staff to summon assistance if and when required. The manager told us that some residents had removed their call bell lead, while others had expressed a preference not to have this in their bedroom. The manager explained how this was managed and said that staff routinely carried out regular observations to ensure that all residents were safe and well. However, this was not detailed in the residents' care records and there was no formal protocol in place to guide staff in the absence of a suitable system or to provide for residents who could summon help using a call bell system.

The lack of a suitable call bell system in some of the bedrooms was brought to the attention of the senior manager for information and appropriate action. It was agreed that risk assessments would be updated to reflect residents wishes. An area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records showed onward 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 manager 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.

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.

One residents' relative said "she is so well looked after, I have absolutely no complaints."

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 items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

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 stores and sluice rooms were appropriately secured.

Residents' relatives said "the place is very clean; I have no concerns."

The environment was well maintained and a review of records confirmed that the required safety checks and measures were in place and regularly monitored.

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 17 August 2023; actions from this assessment are in the process of being addressed.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infections. For example, a 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 Personal Protective Equipment (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.

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. 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.

Residents indicated that they were happy living in Ratheane Care Home. One resident told us, "I love it here, there is a good homely atmosphere."

Staff 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.

Staff recognised the importance of maintaining good communication with families, one visiting family member said “I always feel welcome when I call, communication is great.”

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Noeleen Tweed, has been the Manager of the home since 7 September 2021. Mrs. Tweed has confirmed her intention to come forward for registration with RQIA.

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 various aspects of care and services provided by the home.

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, “our manager is fantastic, she has such good knowledge.”

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.

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 residents’ relatives told us, “anything we ask is sorted immediately.”

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

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes’ Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 5.5 Stated: First time To be completed by: 31 October 2023	The registered person shall ensure that risk assessments reflect residents’ preferences with regards to the use of call bell leads in their bedrooms. Ref 5.2.2 Response by registered person detailing the actions taken: Risk assessments have been carried out and each resident has a separate care plan in place that identifies if a call bell is in use and actions to take if a call bell is not used. Care plans will be evaluated monthly or sooner if required.

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



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