



Unannounced Care Inspection Report 25 November 2020



Ratheane Care Home

Type of Service: Residential Care Home (RCH)
Address: 58 Mountsandel Road, Coleraine, BT52 1JF
Tel No: 028 7034 4299
Inspector: Alice McTavish

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 residential care home registered to provide care for up to 17 residents.

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.	Number of residents accommodated in the residential home on the day of this inspection: 17

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

This inspection was undertaken on 25 November 2020 between 14.00 and 16.20 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to examine the infection prevention and control measures in place.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- care delivery
- governance and management

Residents said that they enjoyed living in Ratheane and that staff treated them kindly.

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	0	2*

*The total number of areas for improvement includes two against the Standards which are carried forward to the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Araceli Flores, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with three residents, one member of care staff, a member of domestic staff and the cook. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- a selection of weekly menus
- cleaning records
- IPC audits
- Regulation 29 visit reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met. Areas for improvement identified at the last medicines management inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 previous inspections

The most recent inspection of the home was an unannounced care inspection undertaken on 5 June 2020.

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 5.3 Stated: First time	The registered person shall ensure that genre of music played for residents is in keeping with their age group and tastes.	Met
	Action taken as confirmed during the inspection: During this inspection residents were watching television. Discussion with staff confirmed that any music played in the home is in keeping with residents' tastes.	
Area for improvement 2 Ref: Standard 12.3 Stated: First time	The registered person shall ensure that there are adequate provisions of choice in the menu, particularly healthy options/alternatives.	Met
	Action taken as confirmed during the inspection: Discussion with the cook and a review of a selection of the weekly menus confirmed that there were sufficient choices available on the menu and that healthy options were available to residents.	

Areas for improvement from the last medicines management 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	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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area was not examined and is therefore carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 30 Stated: First time	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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area was not examined and is therefore carried forward to the next inspection.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The manager advised that all staff had been provided with refresher training in IPC and the donning and doffing of PPE; all staff had been assessed as competent in the correct way to use PPE. The manager completed a walk around of the home each day to identify any areas which needed attention. In addition, the manger completed hand hygiene audits on a daily basis.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A member of staff described how residents were encouraged to wash their hands before each meal or were assisted to do this, where necessary. Staff also described how walking aids were thoroughly cleansed daily to reduce the risk of infection.

We noted that some staff were not sufficiently socially distanced whilst taking their breaks. This was discussed with the manager who addressed this immediately by placing clear signage in the staff area and providing an additional table.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the dining room and communal areas.

We saw that the hallways throughout the home had been fully redecorated. Residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

The dining room was arranged for maximum social distancing between residents.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “My room is lovely and comfortable and the food is very good here. The staff make sure they wear their masks all the time and their aprons and gloves when they need to and they are always washing their hands...they remind me about washing my hands too. I don't really need much, but the staff come to me if I need any help. I feel safe knowing that they are always around. They treat me well.”
- “I'm happy here...I like my room, the staff keep it very clean...the staff are very good to me, all is good.”
- “It's beautiful here, especially now that it has all been painted, it looks lovely. The staff will be putting up the Christmas tree on the first of December – I'll only be watching them doing it!”

6.2.4 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

There was a system of audits which covered IPC and hand hygiene. The audits were completed daily to ensure that the manager had effective oversight of these areas.

We looked at the records of the visits by the registered provider and saw that these were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed. The manager also advised that there was regular contact with her line managers to ensure there was the correct level of managerial oversight of the running of the home.

Areas of good practice

We found that staff were supportive of residents in maintaining high levels of hand hygiene.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

We found that the home was maintained to a high level of cleanliness and staff wore PPE correctly. Residents reported that staff were attentive and treated them with kindness and consideration.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Araceli Flores, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 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: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
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: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

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



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