



# Unannounced Care Inspection Report

## 23 October 2019



## Ravenhill

**Type of Service: Nursing Home**  
**Address: 79-81 Shore Road, Greenisland BT38 8TZ**  
**Tel no: 028 9086 2169**  
**Inspector: Dermot Walsh**

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 38 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ravenhill Private Nursing Home  <b>Responsible Individual:</b> William Trevor Gage	<b>Registered Manager and date registered:</b> Isabella Christine Kim 1 November 2007
<b>Person in charge at the time of inspection:</b> Icy Kuriakose – Nurse in charge 08.00 – 15.20 hours  Lorna Ann Venus – Nurse in charge 15.20 – 20.00 hours	<b>Number of registered places:</b> 38  There shall be a maximum of 1 named resident receiving residential care in category RC-I.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b>  35

### 4.0 Inspection summary

An unannounced inspection took place on 23 October 2019 from 10.15 to 17.50 hours.

This inspection was undertaken by the care inspector

The term 'patient' is used to describe those living in Ravenhill which provides both nursing and residential care.

The inspection assessed if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of the previous medicines management inspection have been reviewed.

Evidence of good practice was found in relation to staffing arrangements, monitoring of professional registrations, risk assessment and care planning, management of restrictive practices and with wound care. Further good practices were observed in relation to the delivery of compassionate care and with maintaining good working relationships.

Areas requiring improvement were identified in relation to compliance with Control of Substances Hazardous to Health (COSHH) legislation, notifiable events, staff training, staff supervisions, falls care planning, access to call bells, the environment, meal times and patient confidentiality.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	*9

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Lorna Ann Venus, nurse in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 7 January 2019

No further actions were required to be taken following the most recent inspection on 7 January 2019.

#### 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 pharmacy issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, 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 patients 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for week commencing 14 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction files
- six patient care records
- patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last medicines management inspection were reviewed and assessment of compliance recorded as either 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 previous inspections

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last medicines management inspection dated 16 April 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that when high risk medicines are prescribed, these are referenced in the patients' care plans.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients' care records evidenced that this area for improvement has not been met. See section 6.4 for further information.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time. A review of the duty rota for week commencing 14 October 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home.

A review of one staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Training had been outsourced to a training agency. Staff spoke positively in relation to the provision of training. However, as training was only provided annually over two sessions incorporating four training days, gaps were evident in the compliance of training. This was evident within staffs' training on fire safety, infection prevention and control (IPC) and with training on safeguarding. This was discussed with the manager and identified as an area for improvement. Newly employed staff were required to attend a two day training session incorporating mandatory training prior to commencing in the home. During a review of the environment, a poor moving and handling practice was observed. This was discussed with the manager and an area for improvement was made to ensure that the training provided was embedded into practice.

Staff consulted confirmed that annual appraisals were conducted. A system had not been developed to ensure that all nursing and care staff received a minimum of two recorded supervisions during the year. This was discussed with the manager and identified as an area for improvement.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Discussion with the manager and a review of accident records evidenced that falls in the home had been managed in accordance with best practice. Falls risk assessments had been completed on admission and reviewed appropriately, however, when a patients' risk of falls was identified, a specific falls care plan had not consistently been developed. This was discussed with the manager and identified as an area for improvement. Accident records had been maintained appropriately.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. Identified areas in the home such as skirting boards and architraves required attention as the paint had been chipped down to bare wood. Identified beds and bed rails were also observed to have been worn to bare wood. Information sent to RQIA following the inspection confirmed that improvement works had been commenced to address these areas. This will be reviewed at a subsequent care inspection. An area for improvement was identified to ensure that the carpet on the communal corridor on the first floor was repaired/replaced as it was in disrepair.

During the review of the environment we found chemicals accessible to patients in two separate areas in the home which was not in keeping with COSHH legislation. This was discussed with the manager and identified as an area for improvement.

Staff advised that the lounge in the home did not require supervision at all times. It was evident within a complaints record that patients in the lounge did not have access to a nurse call system when they required assistance. There were two nurse call points in the lounge, though; patients who could not mobilise did not have access to them. This was discussed with the manager and identified as an area for improvement.

### Areas for improvement

The following areas were identified for improvement in relation to compliance with COSHH, compliance with training requirements, ensuring training is embedded into practice, staffs' supervisions, care planning on falls management, access to nurse call and with the repair/replacement of the identified carpet in the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	6

#### 6.4 Is care effective?

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

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided them with all necessary information to provide care to patients.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Patients and representatives spoken with also expressed their confidence in raising concerns with the home's staff and/or management.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed the lunchtime meal experience. Lunch commenced at 12.40 hours. We observed patients earlier in the day finishing breakfast in the dining room after 11.00 hours. This was discussed with the manager and identified as an area for improvement to ensure that the morning routines allowed for adequate gaps between mealtimes. Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. Food transferred from the dining room was covered on transfer to preserve the temperature. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. We reviewed one patient's wound care records. A clear wound care plan was evident within the patient's care records to guide the dressing regime and management of the wound. The care plan reflected the recommendations of a tissue viability nurse. A wound dressing renewal reminder chart had also been implemented as an aid to remind staff of the dates when all wound dressings were due. Wound observation charts were completed at the time of wound dressing to monitor the progress of the wound. A body map had been included to identify the location of the wound.

A record of patients' bowel management was observed on the wall of a communal toilet. This was discussed with the manager and identified as an area for improvement to ensure patients' rights to confidentiality were upheld.

A review of two patients' care records, where the patients had been prescribed high risk medicines, evidenced that these had not been referred to within the patients' care plans. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment informed the patient's care plan. The continued use of restraint was monitored at the evaluation of the patients' care plans.

## Areas for improvement

Areas for improvement were identified in relation to ensuring adequate gaps between mealtimes and with patient confidentiality. An area for improvement in relation to care planning of high risk medications has been stated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 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.**

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients chose where to sit during the day; in their bedroom, the dining room or one of the lounges. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be both caring and timely.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- "With many thanks for taking such good care of ... in Ravenhill. The family appreciated the loving attention."
- "Many thanks for the wonderful care you recently gave to our sister."
- "Sincere thanks and appreciation for the outstanding care you provide."

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Ravenhill was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- "I find this home very nice. Staff are very good."
- "I like it here. The staff are very nice."
- "I am happy here. Staff are very good."
- "I am very happy here. Wouldn't say a word against the home."
- "I am happy here. I like it. Staff are good."

Four patient representatives were consulted during the inspection. Patient representatives' questionnaires were left for completion. None were returned. Some patient representatives' comments were as follows:

- "The care is outstanding. Staff are very natural. Give all the personal touches."
- "We are made to feel very welcome. Can come and go as we please. We are always kept well informed on how ... is doing."
- "The staff are so good. We knew we made the right choice for ... in this home."
- "The care here is first class. Staff are wonderful. Couldn't ask for better."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from seven staff consulted during the inspection included:

- “It’s brilliant, everyone is just lovely.”
- “When it gets busier staff numbers are increased.”
- “I like it. Really enjoy working with the patients.”
- “I love working here.”
- “I love it.”
- “Every day I enjoy coming in to work.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

### Areas for improvement

No new areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, there had been no change to the management arrangements.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and care records.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, trust staff and other healthcare professionals. Action plans were included within the monthly reports and reviewed at subsequent visits.

Discussion with the manager and review of accident records evidenced that accidents had occurred in the home which had resulted with an injury to patients. RQIA had not been notified of these incidents. This was discussed with the manager and identified as an area for improvement.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients consulted during the inspection

confirmed that they would have no issues in raising any identified concern with the home's staff or management. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas for improvement

An area for improvement was identified in relation to events notifiable to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorna Ann Venus, nurse in charge, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> The identified cupboard containing the cleaning products has been fitted with a lock to ensure the safety of residents
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that RQIA is notified of any accident occurring in the home which results in injury to patients.  Ref: 6.6  <b>Response by registered person detailing the actions taken:</b> Accidents have been reviewed and those not already reported have been notified retrospectively
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 14 November 2019	The registered person shall ensure that when high risk medicines are prescribed, these are referenced in the patients' care plans.  Ref: 6.2 and 6.4  <b>Response by registered person detailing the actions taken:</b> Care plans have been reviewed and care plans put in place for any residents on prescribed high risk medicines
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2019	The registered person shall ensure that a system is in place to make sure that staff are compliant with mandatory training compliance.  Ref: 6.3  <b>Response by registered person detailing the actions taken:</b> The majority of staff do attend the scheduled annual mandatory training sessions. We will ensure that further training is provided for staff who miss any training sessions

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39 Criteria (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2019</p>	<p>The registered person shall ensure that training provided is embedded into practice. This is in particular reference to moving and handling of patients.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff receive annual moving and handling update training and are usually compliant. The staff identified as non compliant on the day of inspection have been advised and their practice will be monitored</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2019</p>	<p>The registered person shall ensure that a system is developed to confirm that staff have received a minimum of two recorded supervisions per year.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A system has been put in place and the manager will ensure that all staff receive supervision at least bi-annually</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 22 Criteria (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 November 2019</p>	<p>The registered person shall ensure that where a falls risk assessment identifies that a patient is at risk of falls; a specific falls care plan is developed to manage the risk.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Falls risk assessments are completed for all residents. care records have been reviewed and corresponding care plans put in place as required</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 44 Criteria (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that the identified carpet on the first floor communal corridor is repaired/replaced.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Replacement of the carpet has been discussed and agreed with the Director and quotes for replacement are currently being obtained</p>

<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 44 (also refer to Fitness of the premises E8)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that patients in lounges have effective access to the nurse call system at all times, as required.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> There are 2 nurse call points in the communal lounge but since all residents are not capable of accessing these the level of supervision has been increased</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 5 Criteria (8)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the location of patients' care records takes patient confidentiality into account. This is in reference to the bowel management records maintained in the communal toilet.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The bowel management record has been removed from public view and is now maintained in a closed folder in the bathroom</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 November 2019</p>	<p>The registered person shall ensure that the morning routine allows for adequate gaps between meal times.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> We will monitor and review the mealtimes and make adjustments to ensure there are gaps between meals.</p>

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



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