



Unannounced Care Inspection Report 10 July 2018



Ratheane Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 58 Mountsandel Road, Coleraine, BT52 1JF
Tel No: 028 7034 4299
Inspector: Bridget Dougan

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 65 persons.

3.0 Service details

Organisation/Registered Provider: Ratheane Private Nursing Home Responsible Individuals: Brian Macklin Mary Macklin	Registered Manager: Araceli Flores .
Person in charge at the time of inspection: Araceli Flores	Date manager registered: 02 September 2014
Categories of care: Nursing Home (NH) 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 registered places: 65

4.0 Inspection summary

An unannounced inspection took place on 10 July 2018 from 10.15 to 16.30 hours.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to care records, staff recruitment, induction, and communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified in relation to fire safety, the use of key pads on doors and staff supervision.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Araceli Flores, registered manager, 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 10 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 October 2017.

There were no further actions required to be taken following the most recent 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:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with fifty patients, twelve staff, and five patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

The following records were examined during the inspection:

- duty rota for nursing and care staff
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records

- three staff recruitment and induction files
- four patient care records
- supplementary care charts for example; repositioning charts
- a selection of governance audits
- complaints records
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 October 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 19 & 20 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Recommendation 1 Ref: Standard 4 Stated: Second time	The registered persons should ensure that care plans are developed, in response to acute infections, whereby patients have been prescribed antibiotics.	Met
	Action taken as confirmed during the inspection: Review of four patients care records evidenced that this area for improvement had been met.	

<p>Recommendation 2</p> <p>Ref: Standard 35.4</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that the system for auditing care records is evidentially reviewed to ensure that the deficits identified in this inspection are continually monitored. This refers specifically to the auditing of patients' risk assessments and care plans; and the auditing of personal care records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the registered manager audits a sample of care records, including risk assessments and care plans on a monthly basis and any deficits had been addressed.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered persons should ensure that staff deployment is accurately reflected in the staff allocation record.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Staff deployment was accurately reflected in the staff allocation records.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the recruitment processes are further reviewed to ensure that written explanations are recorded, where there are any gaps in employment histories.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of three staff recruitment records evidenced that this area for improvement had been met.</p>		

<p>Recommendation 5</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p>	<p>The registered persons should review the methods available for engagement with patients and relatives to ensure they are effective.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence of regular communication with patients and their relatives within the care records. The registered manager informed us that there was an open door policy, where patients and relatives regularly consulted with the registered manager regarding the care and services provided. Patients/relatives comments were included in the annual quality review report. Patients and relatives told us they were satisfied with the level of engagement within the home.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered persons should ensure that snacks for patients who require modified diets, are provided on the refreshment trolley on a daily basis.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Snacks for patients who required modified diets were provided for mid-morning and afternoon tea.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the clinical hours worked by the registered manager are clearly recorded on the staffing rota.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the staffing rota evidenced that this area for improvement had been met.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas from 25 June 2018 to 08 July 2018 evidenced that the planned staffing levels were adhered to. 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.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the home. We also sought the opinion of patients and relatives on staffing via questionnaires. Ten patients and five relatives completed questionnaires. Overall they indicated that they were very satisfied/satisfied there was enough staff available to provide care. One patient indicated some delay in staff responding to requests for assistance. This was brought to the attention of the registered manager for follow up as appropriate. Comments received were as follows:

“staff very good”

“staff fantastic”

“staff do their best”

“excellent staff, I’m very happy here”

“when I buzz it takes a long time.”

Details of comments made/received via questionnaires in relation to staffing were discussed with the registered manager prior to the issuing of this report.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Observation of the supervision and appraisal schedule and discussion with the registered manager confirmed that formal supervision is provided for staff once per year. An area for improvement under the standards has been identified.

Staff members spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 20 April 2017 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. One fire door was observed to be wedged open. This practice was discussed with the registered manager and is required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under regulation has been identified.

A keypad system was in place throughout the home. The use of key pad access to the stairwells and between corridors on the first floor was observed. A key pad was also in place for entry/exit via the front door. A discussion with the registered manager confirmed that this was done to minimise risks for patients, however it must be considered as a form of 'defacto detention' and therefore a potential breach of human rights. This issue has been identified as an area for improvement under the regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training.

Areas for improvement

The following areas were identified for improvement in relation to staff supervision, the use of key pads on doors and fire safety.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients’ weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

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 information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We arrived in the home at 10.15 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff members were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. A copy of the most recent annual quality report was available. We were unable to evidence that an action plan had been developed or suggestions for improvement had been considered and used to improve the quality of care delivered. This matter was discussed with the registered manager and agreed that this would be addressed with the next annual quality report.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff members were observed assisting patients with their meal appropriately and a registered nurse in each dining room was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Consultation with the majority of patients individually confirmed that living in Ratheane was a positive experience.

Comments received were as follows:

“staff are very good. I’m very happy here, love it”
 “feel very secure”
 “its lovely in here”
 “I want to go home”
 “very good care.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Five relatives completed questionnaires. The majority of relatives indicated that they were very satisfied with the care provided across the four domains. One relative indicated concerns with the quality of food served (potatoes) and one relative commented with regards to staff approach. These concerns were brought to the attention of the registered manager for follow up as appropriate.

Representatives’ comments were as follows:

“staff very good”
 “depends who is in charge. Young ones don’t have the same approach. It’s better to keep the same staff”
 “staff fantastic”
 “potatoes are horrible”
 “bought bed socks which have disappeared.”

Staff members were asked to complete an online survey, however we had no responses within the timescale specified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of patients’ needs, wishes and preferences; patient and staff interactions.

Areas for improvement

One area for improvement was identified within this domain in respect of the annual quality report.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints incidents, and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Araceli Flores, registered 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 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall review the use of the key pad system throughout the home to clarify what consideration has been given to</p> <ul style="list-style-type: none"> • The fire risk assessment – i.e. means of escape including provision of suitable link to fire alarm system as well as override device adjacent to the lock on the inside of the escape routes. • Restriction of movement within the home with particular consideration to current Deprivation of Liberty (DOL) guidance. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered person in conjunction with Regional Manager have reviewed the keypad system. Those deemed not required have been disabled.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2018</p>	<p>The registered person shall take adequate precautions against the risk of fire. Ensure fire doors are not wedged open.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered person has installed a sign on the fire doors to alert residents not to wedge the door.</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall ensure staff have recorded individual, formal supervision according to the home's procedures, and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision should be held for new staff and staff who are not performing satisfactorily.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered manager is working towards completing six monthly supervisions for all staff. New starts have 3 monthly supervisions followed by 6 monthly.</p>

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



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