



Announced Care Inspection Report 5 June 2020



Ratheane Private Nursing Home

Type of Service: Nursing Home
Address: 58 Mountsandel Road, Coleraine BT52 1JF
Tel No: 028 7034 4299
Inspector: Mandy Ellis

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 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 nursing home registered to provide nursing care for up to 65 persons.

3.0 Service details

Organisation/Registered Provider: Ratheane Responsible Individuals: Brian Macklin Mary Macklin	Registered Manager and date registered: Araceli Flores – 2 September 2014
Person in charge at the time of inspection: Araceli Flores	Number of registered places: 65
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 patients accommodated in the nursing home on the day of this inspection: 56

4.0 Inspection summary

An announced inspection took place on 5 June 2020 from 10.00 to 14.30 hours. Short notice of the inspection was provided to the manager on the day in order to ensure that arrangements could be made to safely facilitate the inspection.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information via email on 13 May 2020 which raised concerns in relation to care practices. In response to this information RQIA decided to undertake an inspection to this home. This was completed in conjunction with an inspection of the residential home, on the same site.

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing arrangements
- personal protective equipment (PPE)
- infection prevention and control (IPC)
- care delivery
- governance and management arrangements.

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*2

*The total number of areas for improvement includes two regulations and two standards from a previous care inspection, which were not reviewed and have been carried forward for review at a future inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Araceli Flores, manager and Christine Thompson, regional 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:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

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. No responses from these questionnaires were received in time for inclusion to this report.

The following records were examined during the inspection:

- the duty rota from 25 May 2020 to 7 June 2020
- a falls audit
- incident and accident reports
- the complaints register.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 9 March 2020.

The quality improvement plan from the previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

Areas for improvement from the last care inspection 9 March 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that staff adhere to the infection prevention and control measures for the storage of continence products.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure corridors and fire exits are free from obstruction.	Met
	Action taken as confirmed during the inspection: The corridors and fire exits were observed to be free from obstruction.	
Area for improvement 3 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that the persons employed in the home receive mandatory fire safety and prevention training applicable to the setting.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: Second time	The registered person shall ensure that in regard to patient feedback that a system is in place to monitor call bell response times and necessary actions are taken if a delay is observed.	Carried forward to the next care inspection
	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 41 Stated: First time	The registered person shall review the numbers and deployment of staff throughout the home, particularly for the night shift; to ensure the number and ratio for staff on duty at all times meet the care needs of patients.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Staffing arrangements

We discussed staffing levels with the manager who confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staff answered call bells promptly and patients' needs were met in a timely and caring manner.

We reviewed the duty rotas for the period 25 May 2020 to 7 June 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoke positively about the home, managerial support, teamwork and staff morale.

6.2.2 Personal protective equipment

There was adequate supply of PPE and additional hand sanitiser points had been erected throughout the home. The Northern Health and Social Care Trust was supporting the home with supplies of PPE.

Staff told us that they felt safe with the PPE provided and were observed using PPE appropriately. Staff also stated that they had received training in the correct method of donning and doffing PPE, infection prevention and control measures and hand hygiene.

Patients appeared to be accepting of the need for staff to wear PPE, such as face masks.

6.2.3 Infection prevention and control

Signage had been placed at the entrance to the home which provided advice and information about COVID-19. The home had suspended visits from patients' relatives/friends as a precautionary measure in response to COVID-19. However, within the last few weeks patients' relatives and friends had been facilitated timed visiting slots whereby they could sit outside the building at the window of the lounge and speak through the window to their loved one. This was risk assessed by the manager and a dedicated staff member was made available to ensure all necessary precautions were adhered to.

We reviewed the home's environment, undertaking observations of a sample of bedrooms, bathrooms, toilets, lounges, dining rooms and storage areas. We found corridors and fire exits were clear and unobstructed. The home was fresh smelling throughout. The patients' bedrooms viewed were clean, warm and had been personalised with items that were meaningful to them.

6.2.4 Care delivery

Patients were dressed in clean clothes and were well groomed. Patients were observed to be content and settled in their surroundings. Staff displayed a friendly attitude towards the patients and treated them with kindness and respect.

During the inspection we spoke with six patients. Feedback from the patients were all positive in respect of the provision of care and their relationship with staff.

Patients said:

"I love it here."

"The food is excellent."

"The staff are everything you could hope for... so helpful."

"The girls are very busy and work very hard."

"I can't complain."

"They're alright."

Staff confirmed there was good teamwork in the home and they were knowledgeable about how and when to raise a concern if necessary and felt they would be supported by management to do so.

6.2.5 Governance and management arrangements

A review of auditing records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. A selection of audits were inspected in relation to the accidents, incidents and falls. These were completed regularly and any areas for improvement were identified and addressed.

A review of complaints records confirmed that these were recorded effectively, taken seriously and managed appropriately. Staff confirmed they were familiar with the home's complaints procedure and whistleblowing policy and would know how to escalate a concern if required to do so.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery, communication with staff and the recommended use and availability of PPE.

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

On the day of the inspection we observed that patients were well looked after; staff treated them with kindness, care and compassion.

The home was clean and tidy throughout.

The current guidelines on the use of PPE and IPC measures to be employed during an outbreak of COVID-19 were being followed within the home, and management reviewed and implemented these as required.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection. Areas for improvement arising from the previous inspection have been carried forward to be reviewed at a future inspection.

Areas for improvement from the last care inspection 9 March 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 9 March 2020	The registered person shall ensure that staff adhere to the infection prevention and control measures for the storage of continence products.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: 9 May 2020</p>	<p>The registered person shall ensure that the persons employed in the home receive mandatory fire safety and prevention training applicable to the setting.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: 12 January 2020</p>	<p>The registered person shall ensure that in regard to patient feedback that a system is in place to monitor call bell response times and necessary actions are taken if a delay is observed.</p>	<p>Carried forward to the next care inspection</p>
<p>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.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 9 March 2020</p>	<p>The registered person shall review the numbers and deployment of staff throughout the home, particularly for the night shift; to ensure the number and ratio for staff on duty at all times meet the care needs of patients.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		



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