



# Unannounced Follow-up Care Inspection Report 9 March 2020



## Ratheane Private Nursing Home

**Type of Service: Nursing Home (NH)**  
**Address: 58 Mountsandel Road, Coleraine, BT52 1JF**  
**Tel no: 028 7034 4299**  
**Inspectors: Mandy Ellis and Gillian Dowds**

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ratheane  <b>Responsible Individuals:</b> Brian Macklin Mary Macklin	<b>Registered Manager and date registered:</b> Araceli Flores 2 September 2014
<b>Person in charge at the time of inspection:</b> Araceli Flores	<b>Number of registered places:</b> 65
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 47

### 4.0 Inspection summary

An unannounced inspection took place on 9 March 2020 from 17.35 to 21.35 hours.

This inspection assessed progress with the areas for improvement identified during and since the last care inspection.

The following areas were examined during the inspection:

- staffing – including deployment and supervision of patients
- the environment
- care documentation
- governance arrangements

Patients described living in Ratheane Nursing Home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

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>	3	*2

\*The total number of areas for improvement includes one area for improvement under the standards which has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Araceli Flores, 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 7 November 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 7 November 2019. Other than those actions detailed in the QIP no further actions were 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with eight patients, three patients' relatives and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires were left in the home to obtain feedback from patients and patients' representatives none received. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line no responses were received.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for care staff from 2 March to 15 March 2020.
- staff training records
- two patient care charts including food and fluid charts, supplementary care charts
- four patient care records
- a sample of governance audits/records
- RQIA registration certificate

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> First time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>• care plans reflect the correct manual handling equipment to be used for each patient as required</li> <li>• care plans are reflective of fluid targets for those patients who require a prescribed fluid target.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care plans for both manual handling and fluid intake confirmed this area for improvement has been met.	
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 41  <b>Stated:</b> First 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.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that a system had been introduced to audit call bell response time however Comments received from some patients and a visitor in regard to the length of time waiting for the call bell to be answered did not satisfy the inspector that this area for improvement can be fully met. This is further discussed in section 6.2.  This area for improvement has been partially met and will be stated for the second time.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that fluid thickeners kept in the home are appropriately stored in a secure place.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the environment and discussion with staff provided assurance that fluid thickeners were appropriately stored throughout the home.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient in accordance with NMC guidelines. Registered nurses should have an oversight of supplementary care records.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of a sample of nursing records evidenced timely documentation for nursing interventions, registered nurse oversight was also evident for patients' supplementary care.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that supplementary care records are recorded in an accurate, comprehensive and contemporaneous manner</p> <ul style="list-style-type: none"> <li>• this is in relation to but not limited to the recording of patients showers and recording of the provision of mouth care.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of a sample of supplementary care charts and records confirmed appropriate documentation and recording of patient care.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review and revise the management of distressed reactions as detailed in the report.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of a patient's records evidenced the appropriate management and documentation of medication for distressed reactions and the outcome of administration.</p>	<p><b>Met</b></p>

## 6.2 Inspection findings

### The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. Bedrooms and communal areas were maintained clean and tidy. Patients' bedrooms were tastefully decorated and personalised.

Hoists and wheelchairs were seen to be stored in corridors when not in use, this was discussed with the manager. In the event of an emergency these pieces of equipment would be a potential obstruction and could prevent clear exit from the building. Staff were asked to move these pieces of equipment during the inspection. The manager acknowledged the risks identified and agreed to seek alternative storage for these items but did advise that storage areas within the home was limited. An area for improvement was made.

Generally infection prevention and control measures and practice (IPC) was observed to meet the required standards. However, on one occasion we observed poor practice in relation to the use of personal protective equipment (PPE) and the inappropriate storage of continence products on a trolley in a corridor. We discussed details with the manager who agreed to address the use of PPE with the individual concerned and an area for improvement was made in respect of the storage of continence products.

### Care records

We reviewed the care records of three patients who required observation of their daily fluid intake. Care records were appropriately recorded and nursing documentation and care planning reflected patients' assessed care needs. There was evidence of the registered nurse having reviewed the daily fluid intake for these patients' and the documentation showed actions taken if daily targets were not met.

Four patients care records were reviewed in regard to moving and handling. The care plans, risk assessments and daily documentation clearly evidenced the appropriate techniques/equipment to be used to assist these patients.

### Staff deployment and patient supervision

We discussed the planned staffing levels for the home with the manager and the duty rotas reviewed reflected the daily planned staffing levels. However, the home was experiencing some difficulties with short notice absences. The manager confirmed the systems in place to address this with staff.

Some staff spoken with said that staffing levels, particularly in the morning, were not adequate to meet patients care needs. Observation of the deployment of staff given the layout of the home indicated that the supervision of patients was inadequate particularly at night. We discussed this with the manager who acknowledged the deficits and she agreed to review staffing levels and deployment. An area for improvement was made.

## Training

We reviewed the training matrix for the home. On review it was evident that a number of staff were 'out of date' in regard to fire safety training. This was discussed with the manager given the fire safety risks identified regarding the storage of equipment in corridors as discussed previously. An area for improvement was made.

It was good to note that nursing staff had received various training sessions from the Northern Health and Social Care Trust 'REaCH' team since the last inspection. During discussion the manager agreed to ensure the learning from this training was delivered to care staff to help improve the patient experience and promote quality care.

Discussion with staff provided assurance that they were aware of their roles and responsibilities within Ratheane and they knew how to escalate concerns about patients' care if needed. All staff in the home are in the process of completing online training in regard to the recent regional implementation of The Mental Capacity (Deprivation of Liberty) Regulations (Northern Ireland) 2019.

## Consultation

During the inspection we spoke with eight patients, six staff and three visitors. As mentioned previously, patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff. We observed that staff treated patients with kindness and respect. When we arrived in the home we saw that a number of patients were already in bed. Further discussion with the patients confirmed that being in bed early was their choice.

Some patients' and one patient's visitor commented that they can wait "some time" when they press their call bell for assistance. Further discussion indicated this was more apparent at staff changeover time, in particular the shift change from day to night staff. This was discussed with the manager and assurances provided. Refer to Governance section for details. The area for improvement in regard to call bell response time is partially met and will be stated for the second time.

Comments received from patients and visitors included:

"The home is great... the staff are all good and good to my mum."

"The staff are all friendly and approachable."

"The food is wonderful.. just like you would want it."

"The food is good and warm enough."

"Everything is fine...."

"The staff are good."

"... suppose I'm happy.."

We observed the serving of supper to the patients, the patients were offered a choice of supper and there was an appropriate snack for those patients requiring a modified diet. Staff were observed to encourage patients with their supper and to provide assistance as needed.



Staff spoken with spoke positively about the manager and found her to be approachable. Staff felt there was good team working within the home but did comment that staffing had been challenging recently due to short notice sickness. As said previously staff comments were passed to the manager to address.

Comments from staff included:

“I love it here, it’s really good.”

“Working with the ‘residents’ puts a smile on my face.”

“Ratheane is a very family orientated home.”

The manager “Is very kind, accommodating and patient.”

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.

## **Governance**

Since the last inspection there has been no change in management arrangements.

Discussion with the manager and review of a sample of records evidenced there were systems in place to monitor and report on the quality of nursing and other services provided. We reviewed the call bell audit, this evidenced the manager was auditing the response time for call bells at least twice weekly and taking action when any issues were identified. However comments made from the two patients and a family member as to delays in the time it took for a response. An area for improvement was partially met and will be stated for a second time.

The complaints register and audit was also reviewed and evidenced that any complaints received were managed appropriately.

Discussion with the manager confirmed that the home had an identified adult safeguarding champion in place and that a record of any safeguarding concerns was maintained. A copy of the safeguarding policy and procedure was received by RQIA post inspection.

The manager advised that the home is participating in an Anticipatory Care Project with local General Practitioners (GP’s) and the Northern Health and Social Care Trust. The manager highlighted the benefits of this project for staff and patients.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation of the registered nurse oversight of patient care, care records and staff interactions with patients.

## **Areas for improvement**

Areas for improvement were identified in relation to fire safety and training, the implementation of an adult safeguarding policy, staff deployment and infection control practices.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	1

## 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 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</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 staff adhere to the infection prevention and control measures for the storage of continence products.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Incontinence products are stored in patient's room and not on trolley. All products are kept in the packaging when it the packet is opened , daily supervision carried out by line managers.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4)</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 corridors and fire exits are free from obstruction.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The home has an annual fire risk assessment completed each year and in addition to this the storage of equipment in corridors has been assessed by the Fire Risk Assessor and he has advised that this is appropriate as wheelchairs must be accessible in the event of a fire and as long as hoists are stored away from a fire door and still allow for clear access past then this is within acceptable practice. Staff are regularly advised to appropriately place hoists out of the way and avoid blocking corridors and fire exits. These are checked routinely during the day by Sr care assistants, Sr nurses and Nurse manager.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> During COVID19 we experienced difficulties getting Mandatory Training completed by external providers due to the closing of the home to visitors and reduced footfall into the home to minimise the risk to patients, however these training sessions have now been completed by the fire officer</p>

<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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 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>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> A software was installed to help monitor call bell response time. An audit of the activations is now in place and is monitored by the home manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> There are currently a decrease in number of beds occupied at present. Currently 13 beds are unoccupied and staff numbers at night have not changed. This is to be reviewed as patients and dependency levels change</p>

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





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