

Inspection Report

11 May 2023



Ratheane Private Nursing Home

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organization: Ratheane	Registered Manager: Mrs Claire Wilkinson
Responsible Individual: Mr Brian Macklin & Mrs Mary Macklin	Date registered: 15 July 2022
Person in charge at the time of inspection: Mrs Claire Wilkinson	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: 47
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 65 patients. The home is divided in two units on the first floor of the building, Aspen and Birch. There is a Residential Care Home which occupies the ground floor of the building and has a separate registered manager.	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2023, from 9.00 am to 4.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

It was positive to note that all the areas from the previous inspection were met. However, a number of new areas for improvement were identified during this inspection and are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Ratheane Nursing Home was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are lovely", "The staff are very good" and "I have no complaints".

Two relatives were visiting their loved ones and were spoken with; generally, they were happy with the care their loved one received. Additional comments made by the relatives were shared with the Manager. 12 staff were spoken with; they all commented on the support provided by the Manager and they felt that she was very approachable. Staff also commented that teamwork was very good in Ratheane.

Two responses from the staff online survey was received, the two staff did not complete all of the survey but the questions answered indicated that they were satisfied that Ratheane provided patients with safe, compassionate, effective and well led care.

One questionnaire was returned we assumed from the comment included that this was from a relative, the comment shared with RQIA was discussed with the Manager.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 14 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27(4)(e) Stated: First time	The registered person shall ensure that all staff are in receipt of up-to-date training in fire safety. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 22 (10) Stated: First time	The registered person shall put in place an action plan for any trends or patterns identified in the audits of accidents and incidents in the home. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained good oversight of staff compliance with their training requirements.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments however, a number of these assessments did not evidence regular review. An area for improvement was identified.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision had taken place. However, the Manager advised she is behind in meeting with staff to undertake their annual appraisal, she did provide assurance that this will be prioritised in the coming months. This will be reviewed at a future inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. There was evidence that correction fluid had been used on the duty rota to correct errors, the use of correction fluid is not in keeping with best practice guidance. This was discussed with the Manager and an area for improvement identified.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well. Staff said that they felt well supported in their role and found the manager to be accessible and very approachable. Staff spoke positively on the teamwork in the home.

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance and told us that they were happy living in the home.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. An area for improvement was identified.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. It was observed that the patients did not have the choice of dining in a dining room. Since the move to have all the patients requiring nursing care upstairs there is not a dedicated dining area therefore, patients are eating their meals in their bedrooms.

The Nursing Home Regulations (2005) and The Care Standards for Nursing Homes (April 2015) require a nursing home to have a dining area available for use by patients. This breach was discussed with the management team and an area for improvement was identified. Although RQIA are aware of a variation in progress to change the layout of the home, RQIA requested interim contingency arrangements to be put in place to provide the patients with the choice to dine in a dining room pending approval and completion of the proposed building works.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

It was evident that the patient bedrooms required some attention, for example walls required painting, bedroom furniture was observed missing handles and the vanity units within some bedrooms needed replacing or repair as the wood was exposed and tired. This was discussed with the Manager, who advised that she was aware of these areas and was working with the company management team to have these areas addressed. An area for improvement was identified.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. An up to date fire risk assessment was in place dated 20 July 2022 with all actions signed off by the Manager. A hoist was observed in a corridor and a number of small tables were observed along corridors under the personal protective equipment (PPE) dani centres; these tables were housing a plastic box with aprons. All these items have the potential to cause an obstruction in the event of an emergency evacuation of the home. An area for improvement was identified.

Two sluice rooms were observed open with access to cleaning products despite a note on the door to keep the door locked at all times. An area for improvement was identified to ensure staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in their bedrooms resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

There was a range of activities provided for patients by activity staff and the schedule of planned activities was displayed. Activity records were maintained which included patient engagement with the activity sessions in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	5	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Supervision completed with nursing and care staff - this will be ongoing with all new staff. Discussed expectation and correct execution during staff meeting in June 2023. Nurse Manager, Deputy Manager and staff nurses to oversee to ensure compliance.</p> <p>All careplans reviewed to ensure they correctly reflect residents needs - no issues identified these will be reviewed to ensure any changes are reflected with prompt effect.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2023</p>	<p>The registered person shall ensure that a suitable dining area is provided for patients.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A refurbishment and building work is planned for the home to enhance the communal space and dining area for the residents within the nursing unit. A dining space has been allocated in nursing lounge for residents to dine if desired.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the environmental deficits identified as part of this inspection are addressed.</p> <p>Ref: 5.2.3</p>

<p>To be completed by: 11 July 2023</p>	<p>Response by registered person detailing the actions taken: A full refurbishment and building work scheduled in the interim decorators commenced painting and decorating in home 28/06/23 - flooring to be replaced and bedrooms to be painted. furniture deficits - have been identified and managed appropriately- new sets of bedroom furniture will be put into rooms when rooms are painted.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (c) (d) (iii)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure corridors are kept free from obstruction at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: items in corridors removed - tables in corridors were in place as per IPC guidelines during covid. according to the fire inspection 2020 and more recently a hoist can remain in the corridor if no storage space is available nearby, as long as the residents residing close by require the use of the hoist for transferring during the event of a fire, this must be evident on the PEEPs. 5 of the 6 residents in the identified corridor (at that time) have PEEPs that state the use of a hoist during a fire evacuation (2 safe steady and 3 passive hoist). All staff will monitor and oversee to ensure corridors remain free from obstructions at all times. the hoist will be situated in a convenient but safe location.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored securely in accordance with COSHH regulations.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Signage already on the door to keep door locked at all times, staff reminded to ensure that door remains locked at all times, Nurse Manager, Deputy Manager and Nurses in charge of the units spot check and monitor. same recorded until consistent compliance is met.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2023</p>	<p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Nurse in Charge competencies reviewed and renewed for Staff Nurses who were outstanding. Matrix updated and annual reviews to be scheduled going forward. Regular supervisions and appraisals completed between date of initial nurse in charge competency and capability assessment and 2021- no concerns raised about their ability to do their role effectively or efficiently.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Supervision completed with office staff and management team. any tipex located removed, off duty to be retyped and reprinted for every change needed due to frequency of changes at time if this is not possible staff must cross out change with 1 line so that contents can be read if needed. Paper off duty to be removed once electronic version is ready on app, currently being finalised.</p>

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