

Inspection Report

13 May 2021



Ratheane Private Nursing Home

Type of Service: Nursing Home
Address: 58 Mountsandel Road, Coleraine BT52 1JF
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ratheane Registered Persons: Brian Macklin Mary Macklin	Registered Manager: Araceli Flores Date registered: 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: 37
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 65 persons. The home is situated on the upper floor of the home with a residential care home occupying the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2021 from 9.45 am to 6.30pm by the care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas of good practice were identified in relation to staff knowledge of their patients' needs, the interactions between staff and patients and the implementation of the visiting and care partner guidance.

Areas requiring improvement were identified. These related to ensuring that the actions on the fire risk assessment are signed and dated when complete, recording of repositioning, weight care recording and the development of activity planner. Some patients said there were occasionally not enough staff on duty and they had to wait to be attended to. It was noted that on a small number of occasions call bells were not attended to in a timely manner. An area for improvement has been stated for a second time.

Patients said that living in the home was a good experience. 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 Private Nursing Home was safe, effective, and compassionate and that the home was well led.

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 patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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. One response was received indicating they were very satisfied with the service provided in the home.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection six patients were consulted individually, five staff and three patients' relatives were also consulted. Patients told us that they felt well cared for, enjoyed the food and that staff was helpful and friendly. Two patients spoken with indicated that they felt that the staffing levels at times were not adequate. Refer to section 5.2.1 for further detail. Staff said that, whilst short notice sick leave could affect staffing levels at times, efforts were made to provide cover for shifts, the manager was very approachable, teamwork was great and that they felt well supported in their role.

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 5 June 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.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement was met.	
Area for improvement 2 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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 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.	Met
	Action taken as confirmed during the inspection: A system was in place to monitor call bell responses and was reviewed weekly by the manager who advised that action would be taken if a delay was observed.	

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.	Partially met
	Observation on the day of inspection and feedback from some of the patients indicated that they were not satisfied with the staffing levels at times in the home. This is discussed further in section 5.2.1	
	This area for improvement was partially met and has been stated for a second time.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff are recruited correctly to protect patients as far as possible. Staff were provided with an induction programme to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding awareness. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management. Staff spoken with stated that they were satisfied with planned staffing levels but at times these were not achieved due to short notice sickness.

Some patients spoken with also advised at times they felt there was not enough staff on duty and they had to wait to be attended to. It was observed on a small number of occasions that call bells were not attended to in a timely manner. This was discussed with the manager and also the regional manager for the home following the inspection who advised how ongoing sickness was being managed and recruitment was ongoing. An area for improvement relating to staffing made at the previous inspection has been stated for a second time.

The staff duty rota accurately reflected all of 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.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said they felt well looked after and one patient commented "The staff are very good, they do their best."

There were safe systems in place to ensure staff were recruited and trained properly. Given the feedback and observations, an area for improvement in regard to staffing will be stated for a second time.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy.

All staff were required to completed adult safeguarding training on an annual basis; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice.

There was a system in place to ensure that any complaints to the home were addressed. The manager completed a record of any complaints made, the action taken, the outcome and whether or not the complainant was satisfied with the outcome.

A number of patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom, it was noted that that these practices were the least restrictive possible, were subject to multi-disciplinary discussion and used in the patient's best interest.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Inspection of the homes environment included a selection of bedrooms, communal areas such as lounges and bathrooms and storage spaces. There was evidence that the environment was well maintained, clean and tidy. There was a system in place to maintain fire safety and fire training for the staff was ongoing. The fire risk assessment was completed on 9 July 2020. It was noted that the areas identified for action had not been signed and dated. Although information was submitted to RQIA following the inspection confirming that the recommendations made in the Fire Risk Assessment were actioned, this information was not available on the day. This was identified as an area for improvement.

Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy and comfortable.

The home's environment was generally well managed to provide a comfortable and safe environment. The home's environment will be improved through compliance with the area of improvement identified.

5.2.4 How does this service manage the risk of infection?

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. Arrangements were in place for visiting and care partners; the Manager was aware of the current pathway for visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks, completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection.

Staff compliance with PPE and hand hygiene was monitored and staff and patients were tested in accordance with the national guidance for Covid-19.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

It was established that appropriate arrangements were in place to manage the risk of infection.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. A record was maintained of when a patient was assisted to reposition. It was noted, however, that there were gaps in the recording of this care for one patient. This was discussed with the manager and an area for improvement was identified.

If a patient had an accident or a fall, a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. A review of records evidenced that patients' next of kin and the appropriate organisations were informed of all accidents.

There was evidence that patients' needs in relation to nutrition were being met. Patients' weights were checked at least monthly to monitor weight loss or gain. It was noted in the records of a patient who was at risk of weight loss that staff should weigh the patient weekly. Records evidenced that the patient was weighed monthly. This was discussed with the manager and an area for improvement was identified.

Patients' needs were clearly identified and communicated across the staff team and areas for improvement in regard to record keeping were identified.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

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. Patients care records were held confidentially.

The care records in the home were in the process of being transferred to an electronic recording system and staff were currently in the process of transferring the current care records to this system.

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. The outcome of visits from any healthcare professional was recorded.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear food and drink options and where and how they wished to spend their time.

We discussed with the manager the current provision of activities in the home. Activities had been undertaken where possible by staff and no activity planner was currently in place. We discussed with the manager the need for meaningful activity for the patients. The manager advised us a new activity therapist had been employed by the home and was due to commence the week following the inspection and that the activity planner will be developed. An area for improvement was identified.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There has been no change in the management of the home since the last inspection. There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager completed regular audits of the environment, infection prevention and control (IPC) practices and the use of PPE.

There was a system in place to manage complaints and to record any compliments received about the home.

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. Whilst there was evidence of consultation with patients and staff, patients' relatives were not always consulted. The need for further inclusion of relatives' opinions was discussed with the manager who agreed to address this. Progress will be reviewed at the next inspection.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training. Staff told us they were confident about reporting concerns regarding, for example, patients' safety or poor practice.

There were systems in place to monitor the quality of care delivered to patients and to ensure that patients were safely looked after in the home.

6.0 Conclusion

Patients in the home were observed to be well care for. Staff were observed to treat the patients with respect and kindness.

Thank you to the patients and staff in the home for their assistances and input during the inspection.

The outcome of the inspection concluded that one area for improvement in relation to staffing has been stated for a second time. Four new areas for improvement were identified in regard to signing off actions on the fire risk assessment, repositioning, weight care recording and the development of the activity planner.

Based on the inspection findings and discussions held there was evidence that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1	4*

* The total number of areas for improvement includes one against the standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Araceli Flores, Manager 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 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the Fire Risk Assessment is reviewed and any actions required are signed and dated when completed; the manager is aware of the all actions required within the Fire Risk Assessment and the completed document is available for inspection.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: The Fire Risk Assessment had all actions completed following receipt of Risk Assessment and was held by the Estates team, the manager now has this document and it is retained in the home for inspection.</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</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</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: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken: The staffing has been reviewed and it has been identified by using the dependency levels in the home and two different dependency staffing tools that there is adequate number of staff in the home to meet the needs of the patients. The management has also met with staff and discussed the issue with the staff and it is apparent that when the home has reduced number of patients they want the same staff in place for the home if it was full occupancy.</p> <p>The nurse call system is monitored on a weekly basis and the time taken to answer the calls, In June 2021 there were 4267 calls for attendance and staff with 88% answered within 6 minutes and 95% answered within 10 minutes, the average response time for 4267 calls was 2 minutes and 41 seconds.</p> <p>The management have reviewed the quality indicators in the home, namely, falls, wounds, incidents etc and there has not been an increase in any quality indicators in the home.</p> <p>The management of the home is also undertaking a study of the deployment of residents and staff in the home and will make changes where it is felt that there is a need for change.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure records for repositioning of patients is accurately maintained to evidence care delivery.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: We have introduced a new electronic record system Epicare Touchcare and care is recorded at the point of delivery, Daily audits are being carried out to ensure repositioning is carried out as per care plan to maintain patient safety.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2021</p>	<p>The registered person shall ensure care plans for those patients at risk of weight loss are accurately maintained and weights are recorded as stated in the care plan.</p> <p>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken: Registered manager audits weights for patients and ensures that residents requiring weekly weights are identified and care plans are reflecting of same, Manager is carrying out audits on weekly weight to ensure that these have been actioned. Nursing staff have been advised the need to ensure that this maintained.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2021</p>	<p>The registered person shall ensure a programme of activities is developed and displayed in a suitable format. This programme should be developed with the patients and reviewed regularly.</p> <p>Ref: 5.2.7</p> <p>Response by registered person detailing the actions taken: The new activities therapist has commenced employment and has created an activities plan, this is displayed in each unit and on the display screen at the entrance of the building. On customer satisfaction surveys carried out with residents on 5th July 2021 they are content with the activities provided for those who wish to partake in the activity programme.</p>

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