

# Inspection Report

14 July 2022



## Ratheane Private Nursing Home

**Type of Service: Nursing Home**  
**Address: 58 Mountsandel Road, Coleraine, BT52 1JF**  
**Telephone Number: 028 7034 4299**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organization:</b> Ratheane  <b>Responsible Individual:</b> Mr Brian Macklin & Mrs Mary Macklin	<b>Registered Manager:</b> Mrs Claire Wilkinson (registration pending)
<b>Person in charge at the time of inspection:</b> Mrs Claire Wilkinson	<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> 40
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 65 patients. The home is divided in two units over the one floor, which is based on the first floor level of the home.  There is a Residential Care Home which occupies the ground floor and has a separate registered manager.	

## 2.0 Inspection summary

This unannounced inspection was conducted on 14 July 2022, from 9.30am to 2.40pm 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.

There was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

It was evident that staff promoted the dignity and well-being of patients.

It was evident that staff members were knowledgeable and well trained to deliver safe and effective care.

Two areas requiring improvement were identified during this inspection. These were in relation to fire safety training and a need for an action plan in response to audits of accidents and incidents.

Patients said that living in the home was a good experience.

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.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Mrs Claire Wilkinson, Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

During this inspection 30 patients were met with. All confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere. Two patients made the following comments; "All is well. I am being cared for well." and "I have no problems here. I am being cared for terribly well and all the staff are lovely".

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, training and the teamwork.

Staff said that they were satisfied with the staffing levels but concerns were expressed by two staff in relation to staffing levels in one unit which were referred to the manager, as detailed later in the report.

Three visiting relatives spoke with praise and gratitude for the provision of care and kindness and support received from staff.

**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 15 April 2022		
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 27 (4) (a)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The home’s fire safety risk assessment was available for inspection and contained an action plan in response to the recommendations made, which were signed and dated.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> Second 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This review of staffing levels had been put in place.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure records for repositioning of patients is accurately maintained to evidence care delivery.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These records were seen to be maintained appropriately.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These records were seen to be maintained appropriately.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The programme of activities has been reviewed and displayed in an appropriate format.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff recruitment is managed by the organisation's human resource department with oversight from the Manager. Once an employee has been successfully recruited the manager receives a checklist from the human resource department confirming that the staff were recruited in accordance with Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. A sample of a recruitment checklist found this to be appropriately maintained.

The staff duty rota 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.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

The Manager explained how they maintained a regular review of staffing levels and done so on a weekly basis. This review included an analysis of response times to call alarms and a review of quality indicators such as falls, wounds and incidents. Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and the Manager. Staff said that they were satisfied with the staffing levels but concerns were raised by two staff members about the staffing levels in one unit of the home. These staff members said they felt comfortable with raising this with the Manager. This was also reported to the Manager at the feedback of the inspection.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis. An agency member of staff said that they had received a good induction to the home and felt included into the team of staff and it was a nice home to work in.

A check is carried out on a monthly basis to ensure all staff is up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NICSS), as appropriate. These checks were maintained appropriately.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

## 5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

Patient care records were maintained which accurately reflected the needs of the patients. Staff members were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were seen to engage with patients' consent with statements such as "Would you like to..." and "Are you okay with...." when delivering personal care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were appropriately managed. Falls and incidents were audited on a monthly basis. An area of improvement was made for an action plan to be put in place for any trends or patterns identified in these audits, which they did not have in place.

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 may include simple encouragement through to full assistance from staff.

There was a good provision of meal choices including those patients who needed specialist diets. The menu was suitably displayed and available to patients. One patient made the following comment; "We had a lovely fry last night. All the works. I am very happy here. The staff are very good."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

Patients care records were held confidentially. 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 patient's 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.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

An area of improvement was made for all staff to be in receipt of up-to-date training in fire safety which was not in place. Fire safety records were well maintained with up-to-date fire safety checks of the environment and fire safety drills. The home's most recent fire safety risk assessment was dated 8 July 2021. There was corresponding evidence recorded that the recommendations made as a result of this assessment had been addressed. The Manager sent confirmation after this inspection that this assessment has since been reviewed and updated on 20 July 2022.

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

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

## 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients also said that they had choice with where they wished to spend their day and many said they preferred to reside in their bedrooms. Frailer patients were seen to be attended to regularly by staff.

There was a range of activities provided for patients by staff and by visiting musicians to the home. The activities co-ordinator spoke in positive and enthusiastic terms about their roles and duties.

The genre of music and television channels played was in keeping with patients' age group and tastes.

Two patients made the following comments; "It's a grand place. The staff are all very good, couldn't be better and it is very peaceful." and "I am very happy here. I love my room and I am very comfortable in every way".

## 5.2.5 Management and Governance Arrangements

Mrs Claire Wilkinson has applied to be the Registered Manager of the home and is currently the Acting Manager since 4 October 2021. The Manager had a good knowledge and understanding of patients' needs and care.

Staff spoke positively about the manager, saying that they were readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen.

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. The Regional Manager, Ms. Christine Thompson was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and staff spoken with said that they knew how to report any concerns and said they were confident that the Manager would take these issues seriously and act on.

Review of the home's record of complaints and discussions with the Manager confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Review of accidents and incidents found to be appropriately managed and reported to, if required, to patients' next of kin, their care manager and to RQIA.

Care records were audited on a monthly basis and these audits were maintained well.

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
<b>Total number of Areas for Improvement</b>	1	1

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(4)(e)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 August 2022	The registered person shall ensure that all staff are in receipt of up-to-date training in fire safety.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Dates have been secured over the next 4 months- first session is scheduled for 28/7/22. initially a list of all new staff and staff whose training have expired have been issued for mandatory attendance. The following sessions will be allocated to remaining staff to ensure all staff will have up to date fire training. Manager will continue to monitor and source training promptly to minimise the risk of any further deficit in this area.

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 22 (10) <b>Stated:</b> 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.  Ref: 5.2.2
<b>To be completed by:</b> 14 August 2022	<b>Response by registered person detailing the actions taken:</b> Nurse Manager has already implemented an additional falls & incident form which will help to identify any triggers or patterns with an actionplan section for outcome management. This is now evident in the incident file.

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



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