



The **Regulation** and
Quality Improvement
Authority

Announced Enforcement Monitoring Care Inspection Report 2 July 2019



Ratheane Private Nursing Home

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 65 patients.

3.0 Service details

Organisation/Registered Provider: Ratheane Responsible Individual(s): 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: 55

4.0 Inspection summary

Failure to Comply (FTC) Notices under Regulation 13 (1) (a) and (b) and Regulation 10 (1) were issued on 15 May 2019 with the date of compliance to be achieved by 5 July 2019. An announced inspection took place on 2 July 2019 at the request of the home from 10.20 hours to 14.20 hours.

The inspection sought to assess the level of compliance achieved in relation to the two FTC Notices. The areas identified for improvement and compliance with the regulations were in relation to the health and welfare of patients and the governance arrangements within the home.

FTC Ref: FTC000041 with respect to Regulation 10(1)

FTC Ref: FTC000042 with respect to Regulation 13(1) (a) and (b)

Evidence was available to validate compliance with the Failure to Comply Notices; however, there was one area that required a discussion with senior management at RQIA to establish if the home were fully compliant. This was in relation to Regulation 10 (1) regarding the system for auditing care records.

There was one new area for improvement identified as a result of this inspection in relation to record keeping, specific to fluid restriction.

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
Total number of areas for improvement	*3	*4

*The total number of areas for improvement includes six areas which have been carried forward for review at the next care inspection and one new area for improvement as a result of this inspection.

Further enforcement action did not result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- written and verbal communication received following the previous care inspection
- notifiable events since the previous care inspection
- the previous care inspection reports
- two Failure to Comply Notices.

During the inspection the inspector met with three patients, four staff and the responsible individual.

The following records were examined during the inspection:

- staff training records
- incident and accident records
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- a sample of monthly monitoring reports for May 2019 and June 2019.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 2 May 2019 and finance inspection dated 7 May 2019

This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 15 May 2019. The areas for improvement from the last care inspection on 2 May 2019 and finance inspection 7 May 2019 were not reviewed as part of the inspection and have been carried forward to the next care inspection.

6.2 Inspection findings

FTC Ref: FTC000042

Notice of Failure to Comply with Regulation 13 of The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 13. –

*(1) The registered person shall ensure that the nursing home is conducted so as -
 (a) to promote and make proper provision for the nursing, health and welfare of patients;
 (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.*

In relation to this notice the following actions were required to comply with this regulation:

- The registered person must ensure all patients with wounds and/or pressure ulceration have up to date care plans in place to direct staff in the provision of wound care.
- The registered person must ensure that an accurate record is maintained in relation to the number, type and status of wounds in the home.
- Individual patient records must reflect the wound care recommendations of the tissue viability nurse specialist when appropriate.
- The registered person must ensure that all pressure relieving equipment used is appropriately set to meet the needs of each individual patient.
- The registered person must ensure that patients are repositioned in accordance with their care plan.
- The registered person must ensure that staff can evidence that they are knowledgeable in relation to the management of wounds, prevention of pressure ulceration, the management of pressure relieving equipment and record keeping.
- The registered person must ensure that falls are managed in accordance with best practice guidelines and that relevant observations and/or treatment is provided/sought.

- The registered person must ensure that staff are provided with training relevant to their role and responsibilities in relation to modification of fluids.
- The registered person must ensure that systems are introduced to ensure that the environment is suited to patients' needs. The registered person must ensure that staff are provided with sufficient information about newly admitted patients so as to be able to provide safe and effective, care.
- The registered person must ensure that the social interaction of patients is considered on a daily basis and that staff document clearly their interactions with individual patients within their care records.

Evidence was available to validate compliance with the Failure to Comply Notice.

A review of three patient care records evidenced that care plans were in place to direct the provision of wound care. Records were evaluated following each dressing intervention with recommendations of the tissue viability nurse specialist when appropriate. A record was maintained of the number, type and status of wounds in the home which was available during the inspection.

On discussion with staff and review of the records evidenced that staff were knowledgeable in relation to the management of wounds, prevention of pressure ulceration, the management of pressure relieving equipment and record keeping.

Repositioning charts and mattress settings were reviewed on a sample of patients which evidenced that all relevant documentation was accurately maintained, however, the setting on one of patient's mattress pump was set at 80 kg instead of 60 kg. This was discussed with management and the mattress was adjusted accordingly. All other settings reviewed were in accordance with the patients care plan.

We reviewed accidents/incidents since the last care inspection which evidenced that falls were being managed in accordance with best practice guidelines and that relevant observations and/or treatment was provided or sought.

On review of the training records we evidenced that staff were provided with training relevant to their role and responsibilities in relation to the modification of fluids.

On discussion with staff and review of documents we were able to evidence that systems had been introduced to ensure that all relevant staff receive written hand over information which includes the needs of each patient. This system will be used for newly admitted patients and updated according to any change in the patient's assessment of needs. This was commended by the inspector.

On the day of inspection most patients remained in their bedroom. Staff provided evidence of how they record the social interaction of patients on a daily basis and the documents reviewed demonstrated their interactions with individual patients within a recording chart for each unit. On discussion with staff they continue to encourage patients to leave their room and visit other areas within the home but are respectful of the patients' wishes.

FTC Ref: FTC000041

Notice of Failure to Comply with Regulation 10 of The Nursing Homes Regulations (Northern Ireland) 2005

Regulation 10. —

(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill

In relation to this notice the following actions were required to comply with this regulation:

- The registered persons must ensure that the registered manager delivers services effectively on a day-to-day basis in accordance with legislative requirements.
- The registered persons must ensure sufficiently robust auditing systems are in place to quality assure the delivery of nursing and other services provided. This includes, but is not limited to, patient care records, post falls management, wound care and environmental audits.
- The registered persons must ensure that the monthly monitoring reports, are completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and contain clear, time-bound action plans, detailing all areas of improvement required. The completed Regulation 29 report should be shared with the registered manager and the senior management team to ensure that the required improvements are made.

Evidence was available to validate compliance with the Failure to Comply Notice.

On the day of the inspection the registered manager was supported by the quality governance manager and regional manager for Macklin Care Homes. There was evidence of a robust management system to deliver services effectively on a day-to-day basis in accordance with legislative requirements.

We reviewed auditing systems which were mostly in place to quality assure the delivery of nursing and other services provided. There was evidence that senior management including both the responsible individual and regional manager completes a weekly audit of the homes environment in addition to the manager's monthly audit. The quality governance manager also carries out a monthly governance audit of the various systems within the home. This was commended by the inspector.

Post falls management, wound care and environmental audits were very well maintained and provided action plans with time frames where deficits were identified. However, on review of the auditing process for care records it was identified that there was no clear system in place to ensure that all patient care records are reviewed on at least a yearly basis by management. On review of one patient's care records during the inspection it was identified that the patient was on a fluid restriction of 1000mls per 24 hours but there was no rationale within the patient's care plan as to why this had been implemented. It was further identified that it was not highlighted on the daily fluid chart to alert staff. There was also no evidence that the care records for this patient had been audited by management which may have identified the above deficits. On review of the care record audits there were 21 audits carried out since January 2019 to June 2019, five of these records were audited twice within that period resulting in only 16 out of 65 patients care records

being audited. The manager stated that the current system reviews named patients of newly appointed registered nurses and/or where a registered nurse has been assigned to a new group of patients. Management acknowledged that the current system was not effective and agreed to review it. A new area for improvement was identified in relation to recording within care plans the reason for restricted fluids and to highlight the volume of fluid restriction on the daily fluid intake chart.

We reviewed the monthly monitoring reports for May 2019 and June 2019 and a significant improvement had been made since the last care inspection. The reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and contained clear, time-bound action plans, detailing all areas of improvement required. The completed Regulation 29 report was then shared with the registered manager and the senior management team to ensure that the required improvements were made. The inspector commended the quality governance manager for making these necessary improvements.

Following the inspection a discussion was held with senior management at RQIA in relation to the care record auditing system and it was agreed that, provided assurances were given around the system for care record audits from the management, that we would assess the notices as compliant and review the care record audit systems at the next inspection. The manager confirmed that following the inspection they commenced a new auditing system to ensure that all patient records are reviewed at least annually by management.

Areas for improvement

An area for improvement was identified during the inspection in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Mary Macklin, Responsible Individual, Araceli Flores, Registered Manager, Veronica Mc Cambridge, Quality Governance Manager, and Christine Thompson, Regional 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.

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 5 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person must provide revised individual agreements to each patient (or their representative) currently accommodated in the home, which reflect the correct fees and financial arrangements in place. A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>The registered person must ensure that all written patient agreements comply with requirements under Regulation 5 of the Nursing Homes Regulations (NI) 2005 and Standard 4 of the DHSSPS Minimum Standards for Nursing Homes 2008.</p> <p>Ref: 6.1</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>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced staff are working at the home in such numbers as are appropriate for the health and welfare of the patients.</p> <p>Ref: 6.1</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>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so.</p> <p>This is in relation to ensuring:</p> <ul style="list-style-type: none"> • care plans include the reason for fluid restriction • when a patient requires fluid restriction the daily fluid intake charts must highlight the volume of the fluid restriction. <p>Ref: 6.2</p>
	Response by registered person detailing the actions taken: Care plans have been revised to ensure that patients that require fluid restriction have a reason for the restriction this information

	<p>will be sought from patient's GP. Patient's chart will have the amount of fluid restriction recorded on the food and fluid chart.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that the complaints procedure includes detail of all communications with the complainant; the results of any investigations; the actions taken; whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> <p>Ref: 6.1</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>Area for improvement 2</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2019</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 6.1</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>Area for improvement 3</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.1</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>Area for improvement 4</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</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>

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



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