Unannounced Care Inspection Report
6 October 2019

Ratheane Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 58 Mountsandel Road, Coleraine BT52 1JF
Tel no: 028 7034 4299
Inspector: John McAuley

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

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. The home is shares the same building with a registered residential home.

3.0 Service details

Organisation/Registered Provider: Ratheane **Responsible Individuals:** Brian Macklin Mary Macklin	**Registered Manager:** Araceli Flores
Person in charge at the time of inspection: Vinney Timenez, staff nurse	**Date manager registered:** 2 September 2014
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E)	**Number of registered places:** 65

4.0 Inspection summary

This unannounced inspection took place on 6 October 2019 from 20.50 to 23.50 hours.

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.

The inspection was undertaken following information received by RQIA in relation to staffing levels concerns and in particularly night duty, the availability and supply of continence products and a category of care of an identified patient.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- continence products
- care records

Three patients advised that they felt comfortable and well cared for and they were appreciative of the kindness and support received from staff.

Areas of good practice were observed with the nice atmosphere and ambience in the home which was conducive for rest and sleep. Good practice was also found in relation to the unhurried organised manner how care was delivered and the good team work amongst staff on duty.

No areas of improvement were identified during this inspection.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Vinny Jimenez, staff nurse, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced enforcement monitoring care inspection undertaken on 2 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 July 2019.

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 three patients and six staff.

The following records were examined during the inspection:

- duty rota
- care records

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 most recent inspection dated 2 July 2019

The most recent inspection of the home was an unannounced enforcement monitoring care inspection.

This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 2 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 5 (1) (a) (b) **Stated:** Second time	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. 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. Ref: 6.1	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	

Area for improvement 2 **Ref**: Regulation 20 (1) (a) **Stated:** First time	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. Ref: 6.1	**Met**
	Action taken as confirmed during the inspection: An inspection of staffing found that this area of improvement has been met, as detailed in 6.3.	
Area for improvement 3 **Ref**: Regulation 15 (2) (a) (b) **Stated:** First time	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. This is in relation to ensuring: • 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. Ref: 6.2	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 16 **Stated:** First time	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. Ref: 6.1	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	

Area for improvement 2 **Ref**: Standard 14.13 **Stated:** First time	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. Ref: 6.1	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	
Area for improvement 3 **Ref**: Standard 2.8 **Stated:** First time	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. Ref: 6.1	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	
Area for improvement 4 **Ref**: Standard 14.26 **Stated:** First time	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. Ref: 6.1	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	

This inspection focused solely on issues previously outlined in section 4.0. Only one area of for improvement from the last care inspection on 2 July 2019 was reviewed as part of this inspection and the rest are carried forward to the next care inspection.

6.3 Inspection findings

Staffing

The nurse in charge advised that staffing levels were in keeping with patient dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions staff confirmed that they felt there was adequate staffing in place to meet patients' needs. It was advised that there was a recent high turnover of staff but this had been resolved through successful recruitment. Staff stated that the only time the full complement of staff wasn't achieved was when a staff member reported in absence with late notice and no alternative cover can be sought. This happened on an infrequent basis and it was acknowledged that they felt management were supportive in dealing with such.

Staff advised that they would feel comfortable about raising any concerns and felt that such would be dealt with appropriately by management. Staff confirmed that there were good teamwork, morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Three patients advised that they felt safe in the home and well cared for. These patients further advised that if they required assistance, all they have to do is ask and it would be provided in a timely manner, day or night.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the registered manager.

The staff advised that when they came on duty each day/night, time was allocated to allow for a handover of information which included how patients were and any changes or issues arising.

Inspection of the duty rota found it accurately reflected all of the staff working within the home. The rota confirmed that there were in large satisfactory staffing levels achieved in the home in the last week. There were two occasions on day duty when the full complement of staff could not been achieved and also two occasions on night duty when the twilight cover was not achieved. Evidence was available to confirm that all efforts were sought to achieve this cover.

Continence products

Staff advised that there was good provision and supplies of continence products. Access to supplies was readily available, both on day and night duty, with for example the nurse in charge and the senior care assistant both having keys to the store, at the time of this inspection. There also was good provision of products in the store.

Category of care

The home's certificate of registration was displayed in a conspicuous place.

Discussions with staff confirmed they felt they were adequately trained, staffed and supported with issues relating to behaviours that challenge. They also explained that despite such behaviours they respond in a compassionate and caring manner with full recognition of the holistic needs of the patient.

An inspection of a patient's care records was undertaken. The care records were methodical and detailed in the information recorded. The records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition and falls, were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the patient.

The records inspected had evidence of patient/representative consultation in the care planning and review process, by signatures of participation.

There was no evidence that the category of care was not met in terms of the identified behaviours, as the primary care needs were within the registered categories of care.

Staff views

Staff advised that they would feel comfortable about raising any concerns and felt that they would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Areas of good practice

Areas of good practices were found in relation to feedback from three patients and staff, and general observations of care practices, particularly with aiding and assisting in the peaceful atmosphere and ambience in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 5(1)(a) **Stated:** Second time **To be completed by:** 1 July 2019	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. 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. Ref: 6.2
	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.
Area for improvement 2 **Ref:** Regulation 15(2)(a) and (b) **Stated:** First time **To be completed by:** With immediate effect	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. This is in relation to ensuring: • 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. Ref: 6.2
	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.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 16 **Stated:** First time **To be completed by:** 1 July 2019	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. Ref: 6.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 **Ref**: Standard 14,13 **Stated:** First time **To be completed by:** 10 May 2019	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. Ref: 6.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 **Ref**: Standard 2.8 **Stated:** First time **To be completed by:** 1 July 2019	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. Ref: 6.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 4 **Ref**: Standard 14.26 **Stated:** First time **To be completed by:** 1 July 2019	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. Ref: 6.2
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

The Regulation and Quality Improvement Authority

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