



Unannounced Care Inspection Report 27 November 2018



Ratheane Private Nursing Home

Type of Service: Nursing Home (NH)
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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 65 persons.

3.0 Service details

Organisation/Registered Provider: Ratheane Private Nursing Home Responsible Individuals: Mr Brian Macklin Mrs Mary Macklin	Registered manager: Araceli Flores
Person in charge at the time of inspection: Ivy Moya, Senior Nurse 09.00 – 09.30 Araceli Flores 09.30 – 17.00	Date manager registered: 02 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) – Physical disability other than sensory impairment – over 65 years.	Number of registered places: 65

4.0 Inspection summary

An unannounced inspection took place on 27 November 2018 from 09.20 to 16.50.

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 assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to the leadership in the home, care delivery, induction and recruitment of staff. Good working relationships were maintained and patients' opinions were sought and valued. Patients were treated with dignity and privacy was maintained.

Areas for improvement were identified under regulation in relation to fire safety and the correct setting on pressure relieving mattresses.

An area for improvement was identified under care standards in relation to the governance of audits.

Patients described living in the home in positive terms.

“I love it here. Staff are wonderful and the food is great.”
 “Really like it here. Staff are good”
 “It’s very nice here and the care is good”

Patients were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	*2	1

*The total number of areas for improvement includes one regulation which was not met and has been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Araceli Flores, registered manager and as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 10 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 10 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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 which includes information in respect of serious adverse incidents (SAI’s), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with nine patients, two patient's representative and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the registered manager with a 'Have we missed you card' which was then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff week commencing 19 and 26 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits
- staff supervision/appraisal records
- complaints record
- compliments received
- RQIA registration certificate
- Public liability insurance certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

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 10 July 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p>	<p>The registered person shall review the use of the key pad system throughout the home to clarify what consideration has been given to</p> <ul style="list-style-type: none"> • The fire risk assessment – i.e. means of escape including provision of suitable link to fire alarm system as well as override device adjacent to the lock on the inside of the escape routes. • Restriction of movement within the home with particular consideration to current Deprivation of Liberty (DOL) guidance. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager has confirmed that all doors are deactivated when the fire alarm is sounded. Patients' and visitors were observed entering/exiting the home and moving freely within the home on the day of inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire. Ensure fire doors are not wedged open.</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>Three doors were observed to be wedged opened during the inspection. This was brought to the attention of the staff when identified and the wedges were removed. Two of the doors were later observed to be wedged open again. This information was shared with the registered manager to address immediately.</p> <p>This issue is stated for a second and final time as a consequence of this inspection. Failure to comply with this requirement will result in enhanced enforcement action.</p>	

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 40 Stated: First time	The registered person shall ensure staff have recorded individual, formal supervision according to the home's procedures, and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision should be held for new staff and staff who are not performing satisfactorily.	Met
	Action taken as confirmed during the inspection: A system of recording when staff have had their supervision/appraisal and when it is next due was reviewed on the day of inspection which confirmed that this area has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 19 November to 2 December 2018 evidenced that the planned staffing levels were adhered to on most occasions. There was evidence of periodic staff sickness; however, the registered manager confirmed that these shifts were generally covered either with agency staff or with the employees of the home. The registered manager confirmed that a review of the staffing levels was discussed with senior management with the intention to increase staffing levels to maintain the supervision of patients. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were mostly satisfied that there was sufficient staff on duty to meet the needs of the patients but indicated that when staff were absent due to unplanned leave that this put pressure on the remaining staff. Staff said that they felt supported by the registered manager and that they worked well together as a team. We also sought staff opinion on staffing via the online survey. There were no staff comments received post inspection at the time of issuing this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ratheane Private Nursing Home. We also sought the opinion of patients on staffing via questionnaires. Only one patient questionnaire was returned and this indicated that they were very satisfied with the service provision across all four domains.

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. The relatives were very complimentary of the home stating that, "It is really good here". We also sought relatives' opinion on staffing via questionnaires. Only one questionnaire was returned and indicated that they were satisfied with the service provision across all four domains.

Four questionnaires were received which did not indicate whether they were a patient or a patient's representative. The respondents all confirmed they were either satisfied or very satisfied with the service provision across all four domains.

Review of two staff recruitment files evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards 2015. Observation of the delivery of care evidenced that training had been embedded into practice. However, training records evidenced that a number of staff employed had not received up to date training in several mandatory areas. This was discussed with the registered manager who stated that mandatory training was being arranged with dates to be confirmed. Several dates of scheduled mandatory training were forwarded to RQIA following the inspection.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and informed the care planning process.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging, however, there was no evidence of the action taken to prevent reoccurrence. This was discussed with the registered manager who agreed to action immediately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

Two fire doors were observed to be wedged open and a further fire door was propped open with a chair. When first identified this was immediately brought to the attention of the nurse in charge of the unit and the wedges were appropriately removed. It was of significant concern that during the inspection one of the doors was again wedged open. The wedging open of a fire door renders that door ineffective and raises a significant risk to the welfare of patients. This matter was first stated during the inspection of 10 July 2018 and assurances were given that this matter was appropriately actioned. The registered manager must ensure that this practice ceases immediately and that staff have a clear understanding of the specific risks that this practice raises. This matter has been stated for a second and final time as a consequence of this inspection. Failure to comply with this requirement will result in enhanced enforcement action.

A number of infection prevention and control issues were identified during inspection as follows: patient equipment inadequately cleaned after use, inappropriate disposal of PPE and identified damaged patient equipment unable to be appropriately cleaned. This was discussed with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent reoccurrence. This is discussed further in 6.7.

The door to the sluice rooms and domestic store were unlocked with chemicals easily accessible inside. This was also discussed with the registered manager in respect of potential risks for patients. The registered manager gave an assurance that the doors to these areas would be kept secure at all times.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, adult safeguarding, supervision and appraisal.

Areas for improvement

An area for improvement was identified under regulation in relation to fire safety.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. A daily record had been maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. However, one patient's care plans had not been updated following a visit from the dietician and the recommendations made. This was discussed with the registered manager who agreed to action immediately.

A further patient was identified as being at risk of pressure damage and was noted to be nursed on pressure relieving equipment. However, records failed to record the need for such equipment and the pressure relieving mattress weight setting was not set appropriately for the patient's current weight. This meant that the mattress was not able to function correctly and therefore was ineffective. This was discussed with the registered manager and identified as an area for improvement under regulation.

On review of a patient's records following an unwitnessed fall there was no evidence that central nervous system (CNS) observations had been obtained to assist in identifying a possible head injury. This was discussed with the registered manager who explained that staff nurses have been informed that this is protocol following all unwitnessed falls and that on this occasion it was over looked. The registered manager must ensure that the audit process maintained is sufficiently robust to quality assure the delivery of care in the home and minimise potential risks for patients. This is discussed further in 6.7.

There was evidence of good team working within the home. Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. It was positive to note that staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with either the registered manager, regional manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work and communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement were identified under regulations in relation to ensuring that the weight setting on pressure relieving mattresses are set appropriately for the patient’s current weight.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.20 and were greeted by staff who were helpful and attentive. Patients were seated mainly within their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. Patients were seated in the dayroom where music and art therapy was taking place in the afternoon. Patients’ were relaxed and appeared to be enjoying the experience.

Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients/representatives/staff spoken with were complimentary in respect of the home’s environment.

We can confirm that the mealtime experience observed was very well managed. We observed the serving of the lunchtime meal. Lunch commenced at 12.30. Patients had trays delivered to them as required if they were dining in their own rooms. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime service.

Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to patients. Patients appeared to enjoy the mealtime experience. There was a relaxed, pleasurable atmosphere in the dining room. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. On review of the menu it was identified that the patients had a choice of meals.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Thank you to all your kindness and support.”
- “Please carry on with the good work.”
- “The kindness and love shown by all of you is unbelievable.”

Consultation with nine patients individually, and with others in small groups, confirmed that living in Ratheane Private Nursing Home was a positive experience.

Patient comments:

- “It’s alright here. Some staff are nice, others aren’t.”
- “I like it here. Feel safe here.”
- “Really like it here. Staff are good.”
- “It’s ok here. A lot of staff have left and I miss some of them.”
- “I love it here. Staff are wonderful and the food is great.”
- “Girls can be in a hurry when they are short staffed.”
- “It’s very nice here and the care is good.”
- “Very nice here.”
- “Food is good. Girls are good to me”.

Representative’s comments:

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. The relatives were very complimentary of the home stating that “the care is good here” and “I find this place very good. The staff are very friendly”.

Staff were asked to complete an on line survey. There was no response within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice. The registered manager confirmed that training is to be implemented in December 2018.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. However it was disappointing that the audits maintained had not identified the issues as discussed in 6.4 in relation to falls management, and IPC. The registered manager agreed to consider the improvements identified and action immediately. This was identified as an area for improvement under care standards.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 / The Care Standards for Nursing Homes. Copies of the report were available for patients, their representatives, staff and Trust representatives. It was to be commended that the Regional Manager visits each individual patient and has documented all consultations made.

Staff confirmed that there were good working relationships and that they were able to discuss any suggestions or concerns with either the registered manager, regional manager or another senior member of staff for advice.

Staff supervision/appraisal schedules were reviewed and a system was in place of when a supervision/appraisal had been completed and when they were next due. However, it was identified that not all job roles were being offered supervision/appraisal. This was discussed with the registered manager and she was made aware that this should be provided to all staff. The registered manager recognised this as an opportunity to engage with all staff more effectively and confirmed that this would be initiated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships. There was evidence of good leadership in the home and the senior management team were supportive in their role.

Areas for improvement

An area for improvement under care standards was identified in relation to the governance of quality assurance audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Araceli Flores, registered 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 DHSSPS 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 27 (4) (b)</p> <p>Stated: Second and final time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall take adequate precautions against the risk of fire. Ensure fire doors are not wedged open.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fireguards have been placed on doors identified to ensure they are not wedged open. Fireguards are linked to the fire alarm system.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that pressure relieving mattresses are appropriately set up for individualised patient care. Such equipment should be monitored regularly to ensure effective use. Records of monitoring should be maintained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Registered person ensures audits are carried out regularly to ensure pressure is adequate to patients weight.</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>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> • Environmental audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned • Governance audits in respect of post fall management falls should be improved to ensure all observations of potential head injury are maintained as required. <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: IPC audits and monitoring are being carried out more frequently to ensure identified deficits are actioned promptly. Registered manager has liaised with all Staff Nurses to ensure post falls are managed appropriately ie: post falls forms are filled out after every fall, updating of falls risk assessments, updating care plans and CNS obs are carried out for all head injuries and unwitnessed falls.</p>
---	--

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)