

Unannounced Care Inspection Report 15 April 2021



Rathmena House Care Home

Type of Service: Nursing Home

Address: 26 Rathmena Gardens, Ballyclare BT39 9HU

Tel No: 028 9332 2980

Inspector: Mandy Ellis

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 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 29 persons.

3.0 Service details

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual(s): Mrs Lesley Catherine Megarity	Registered Manager and date registered: Mrs Lesley McKillen 6 November 2019
Person in charge at the time of inspection: Kerri Wright – Staff Nurse	Number of registered places: 29
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory 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: 18

4.0 Inspection summary

An unannounced inspection took place on 15 April 2021 from 09.30 to 16.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

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	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lesley McKillen, manager, 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.

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 we met with five patients and eight staff. Ten questionnaires were left in the home to obtain feedback from patients and their relatives/ representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses to the staff survey were returned within the indicated timeframe.

We provided the manager with 'Tell Us' cards for distribution to patients and their relatives to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- the duty rota from 5 April to 18 April 2021
- the home's registration certificate
- three patients' care records
- eight patients' supplementary care charts in regard to repositioning
- six patients' supplementary care charts in regard to food and fluid intake
- two staff recruitment files
- the fire risk assessment
- a sample of governance audits/records
- a sample of monthly monitoring reports.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection on 30 January 2020.

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 5 to 18 April 2021. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

We spoke with eight members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff said team work was good and that there was effective communication between staff and management. Staff also commented on how they felt well supported by their manager.

Comments made by staff included:

- "I love it here".
- "I enjoy my job".
- "All the staff pull together".

6.2.2 Personal Protective Equipment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

6.2.3 Infection Prevention and Control and the internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas. The home recently completed an extension to add two additional ensuite bedrooms; the extension was completed to a high standard and the new bedrooms were tastefully decorated.

The patients' bedrooms which were viewed were clean, warm and had been personalised with items that were meaningful to individual patients.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- "I'm spoilt."
- "The staff are brilliant."
- "Things are ok."
- "I love it here."

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection; six completed questionnaires were received from patients and relatives within the timeframe for inclusion in this report. All six questionnaires indicated a very satisfied response to all aspects of care provision in the home. One additional comment from a relative within a questionnaire said; "delighted with the care provided, all staff are very attentive, my aunt remarks on the great homemade food and how she loves the staff."

Review of three patients' care records evidenced individualised, comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients' needs.

Supplementary care records were reviewed in relation to food and fluid intake and patient repositioning. Six supplementary care records in regard to patients' food and fluid intake were consistently recorded.

Eight repositioning charts were reviewed. A review of the repositioning records identified 'gaps' in the recording of the delivery of pressure area care and did not evidence consistent pressure area care as prescribed in the patients' plan of care. This was discussed with the manager and an area for improvement was identified.

6.2.5 Governance and management arrangements

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included hand hygiene, PPE compliance, wound care, restraint, care records, infection control and environmental audits.

These audits included the development of action plans to address identified deficits as necessary.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Review of the record of complaints evidenced that there were systems in place to manage complaints and expressions of dissatisfaction were taken seriously and managed appropriately.

A review of accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

An up to date fire risk assessment was available in the home.

Areas of good practice

Areas of good practice were identified in relation to care delivery, teamwork, staff interaction with patients and governance audits.

Areas for improvement

One new area for improvement was identified in relation to patient pressure area care.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. Staff promptly responded to patients' individual needs.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Rathmena House Care Home was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lesley McKillen, 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 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff provide pressure area care and complete repositioning care records to accurately reflect the assessed needs of the patient.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A supervision session has been conducted with the nursing and care staff to remind them of the importance of timely care interventions for our residents and the need for accurate recording of these interventions. This will be monitored through the auditing process.</p>

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



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