# Unannounced Care Inspection Report
# 7 November 2018

# Rathmena House Care Home

**Type of Service: Nursing Home (NH)**
**Address: 26 Rathmena Gardens, Ballyclare, BT39 9HU**
**Tel No: 02893322980**
**Inspector: Karen Scarlett**

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 and residential care for up to 29 persons.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>MD Healthcare Ltd<br><br>**Responsible Individual(s):**<br>Lesley Catherine Megarity | **Registered Manager:**<br>Joanne Roy |
| **Person in charge at the time of inspection:**<br>Lesley McKillen (Deputy manager) 07.55 – 08.30<br>Joanne Roy 8.30 – 13.00 | **Date manager registered:**<br>29 October 2018 |
| **Categories of care:**<br>Nursing Home (NH)<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years<br>I – Old age not falling within any other category.<br>LD – Learning disability.<br>LD(E) – Learning disability – over 65 years.<br><br>Residential Care (RC)<br>I – Old age not falling within any other category. | **Number of registered places:**<br>29<br><br>Not more than four persons in categories NH-LD and NH-LD(E) to be accommodated at any one time. |

## 4.0 Inspection summary

An unannounced inspection took place on 7 November 2018 from 07.55 to 13.00 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 term ‘patient’ is used to describe those living in (name of service) which provides both nursing and residential care.

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 staffing and recruitment. The home was clean and had been redecorated throughout. Records evidenced that risks to patients were being proactively managed. There was a good standard of record keeping and systems were in place for communication amongst staff. The efforts of management to educate staff around the new International Dysphagia Diet Standardisation Initiative (IDDSI) terminology were commended.

There was a healthy culture and ethos noted in the home and staff demonstrated respect for patients' dignity and privacy. Systems were in place to obtain patient and relative feedback. The registered manager had commenced post in August and good practice had been maintained in relation to the governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

An area for improvement was identified in relation to infection prevention and control adherence by staff.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care 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** | **1** | **2*** |

*The total number of areas for improvement includes one which has been stated for a second time and one which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Roy, registered manager, and Heather Murray, regional 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 16 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 16 May 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
- 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 the inspector met with six patients and with others in small groups, four patients' relatives 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 on-line. The inspector provided the registered manager with 'Have we missed you cards' which were 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.

The following records were examined during the inspection:

- duty rota for all staff from 29 October until 11 November 2018
- staff training records
- incident and accident records
- one staff recruitment file
- two patient care records
- three patient repositioning charts
- complaints record
- minutes of most recent relatives' meeting
- RQIA registration 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, partially met, or not 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 16 May 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 was validated at this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 16 May 2018

| Areas for improvement from the last care inspection | | |
|---|---|---|
| **Action required to ensure compliance with The Care Standards for Nursing Homes (2015)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Standard 39.4<br><br>**Stated:** First time | The registered person shall ensure that the arrangements for staff training in practical, basic life support are reviewed and implemented to meet the needs of staff and patients. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>A review of training records since the last inspection and discussion with the registered manager and regional manager evidenced that this area for improvement had not yet been met. The majority of staff had undertaken first aid training but had not had face to face basic life support. The home had experienced a significant turnover of staff following the last inspection and the registered manager assured RQIA that they were actively sourcing this training.<br><br>This area for improvement has been stated for the second time. | |

| | | |
|---|---|---|
| **Area for improvement 2**<br><br>**Ref**: Standard 4<br><br>**Stated:** First time | The registered person shall ensure that supplementary care charts are maintained contemporaneously and accurately to reflect the actual care delivered to patients, in accordance with NMC guidelines. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of three patients' supplementary records evidenced that staff were completing the records contemporaneously and there was evidence of regular repositioning.<br>This area for improvement has been met. | |
| **Area for improvement 3**<br><br>**Ref**: Standard 18<br><br>**Stated:** First time | The registered person shall ensure that where potentially restrictive practices are in use that documentation reflects the consent/discussion around their use and a care plan is in place. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of two patients' care records evidenced that this area for improvement had been met. | |
| **Area for improvement 4**<br><br>**Ref**: Standard 11<br><br>**Stated:** First time | The registered person shall review the provision of activities to ensure that these are meaningful to the patients and evaluate this regularly to ensure patients' needs are met. | **Carried forward to the next care inspection** |
| | **Action taken as confirmed during the inspection**:<br>The activity leader was on annual leave this week so we were unable to assess this area fully. Relatives and patients spoken with had noted an improvement in activities and spoke positively about some recent events in the home. The regional manager had also set up a forum for activity leaders from the group of homes to meet and share ideas.<br><br>Given that activities could not be viewed on inspection this area for improvement will be carried forward for assessment at the next care inspection. | |

## 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 29 October to 11 November 2018 evidenced that the planned staffing levels were adhered to. 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 satisfied that, whilst they were busy, there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were appropriately covered. We also sought staff opinion on staffing via the online survey but received no responses.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rathmena House. No patients returned questionnaires within the timeframe for inclusion within the report.

We also sought relatives' opinion on staffing via questionnaires and one was returned. The respondent was of the opinion that there were enough staff to meet their loved one's needs.

Review of the most recent staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

We discussed the provision of mandatory training with staff and reviewed staff training compliance records for this year up to end of October 2018. The majority of staff had received training in relation to manual handling, fire safety, adult safeguarding, first aid, infection control and Control of Substances Hazardous to Health (COSHH). 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.

Observation of the delivery of care evidenced that training had for the most part, been embedded into practice, for example, the moving and handling of patients. Observations of infection prevention and control practices evidenced that some further support for staff was needed to ensure compliance. Staff were noted to be transporting waste and dirty linen and decontaminating equipment without apron and gloves on. An area for improvement was made. In addition, an area for improvement in relation to face to face basic life support training had not been met and was stated for a second time.

Review of two patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from the previous inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. It was noted that two head injuries had not been reported to RQIA. The requirement for notification of head injuries was discussed and clarified with the registered manager. She agreed to notify as discussed and we will continue to monitor this.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. It was evident that significant re-decoration had taken place to improve the décor. Patients and their representatives spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing and recruitment. The home was clean and had been redecorated throughout. Records evidenced that risks to patients were being proactively managed

**Areas for improvement**

An area for improvement was made in relation to infection prevention and control adherence by staff.

| | 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 two patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A comprehensive set of risk assessments were in place for falls, nutrition, continence, skin integrity and manual handling. Corresponding care plans were in place to manage these risks.

Wound care assessments had been completed regularly and the registered manager had an oversight of the number and types of wounds in the home. No patients had pressure ulcers and one relative, who's loved one was at particular risk, commented positively on the pressure area care. Repositioning charts were well completed and there was evidence of regular repositioning. It was noted that staff were not using the approved staging terms for skin condition in accordance

with best practice and the registered manager agreed to address this in order to drive further improvement.

There was evidence that patients' weights were monitored at least monthly and care plans were in place to manage any risk, with consultation with specialists such as General Practitioners (GPs), Speech and Language Therapists (SLT) and dieticians, where appropriate.

It was noted in one patient record that recommendations had been made by SLT upon discharge from hospital using the new international dysphagia diet standardisation initiative (IDDSI) terminology. The care plan had not yet been updated to reflect this. However, observations at breakfast evidenced that the patient was in receipt of the correct diet and fluids. This was discussed with the registered manager and it was acknowledged that they would need to remain alert to this during this transition period as the terminology changed. It was noted that the registered manager had developed a comprehensive resource file for staff in relation to IDDSI which 84 per cent of staff had already signed. This was commended.

The handover was observed and it was evidenced that nursing and care staff attended a handover meeting at the beginning of the shift. Staff were aware of the importance of handover reports in ensuring effective communication and the handover provided relevant information regarding each patient's condition and any changes noted.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping and systems for communication amongst staff. The efforts of management to educate staff around the new IDDSI terminology were commended.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | **0** | **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 07.55 hours and attended the handover meeting. The majority of patients were still in bed and those who wished to rise early were being assisted by the night staff. The home was calm and quiet and throughout the morning and staff was observed to be assisting patients in a timely manner. Patients were assisted to the dining room for breakfast or were offered their breakfast in their bedroom, as was their personal preference.

Some patients remained in bed, again in keeping with their personal preference or their assessed needs. The breakfast in the dining room was observed and patients were being assisted in a relaxed manner. Patients had access to fresh water and/or juice and staff were observed assisting patients to eat and drink as required. Patients spoken with were enjoying their breakfast

and it was evident that there was plenty of choice including cereals, porridge, scrambled egg and toast, for example.

Following breakfast patients were assisted to the lounge or back to their bedrooms to relax. Morning tea was served around 11.00 hours and there were a variety of beverages offered, options for those on a modified diet and fresh fruit salad. Relatives were in the lounge visiting and confirmed that they were always made welcome. There was a relaxed and pleasant atmosphere in the lounge with plenty of chat and banter between patients, relatives and staff.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

There were systems in place to obtain the views of patients and their representatives on the running of the home. The home had recently distributed questionnaires to the relatives to obtain their feedback and the registered manager confirmed that she operated an open door policy for patients, relatives and staff.

Patients commented positively on their experience in the home and were complimentary in relation to the staff and the care. They stated that they enjoyed the food and had noted some improvement in the provision of activities. One patient raised a concern with one member of staff and had already shared this with the registered manager and was satisfied that this had been addressed. The patient stated that they were confident in raising the concern and would be able to do so at any time. The registered manager confirmed her knowledge of his concern and how it had been managed. Another patient stated in relation to the staff, that 'nothing was too much trouble.'

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No patients returned questionnaires.

Four relatives consulted with commented positively in relation to the care and the staff. They confirmed that they were always made welcome and they could raise a concern if required. Ten relative questionnaires were provided and one relative responded. The respondent indicated that they were either very satisfied or satisfied with the care provided across the four domains. No comments were provided.

Staff were asked to complete an on line survey; we had no responses 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 and staffs' respect for patients' dignity and privacy. Systems were in place to obtain patient and relative feedback.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | 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 had recently been updated to reflect that Joanne Roy was now the registered manager. This had been received and was ready to display in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

The registered manager commenced employment on 1 August 2018 since the last inspection and RQIA were notified appropriately. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff confirmed that the new registered manager was approachable. Relatives spoken with had also met the registered manager.

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. Care record audits had recently been completed and identified some deficits and a timescale had been identified for the named nurse to address these.

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 and The Care Standards for Nursing Homes 2015. The reports were reviewed from August to October 2018 and there was evidence that actions had been identified and actioned month to month. The October report had identified the need for staff to adhere to good infection prevention and control practice. This was also identified on this inspection and an area for improvement was made. Please refer to section 6.4 for further information.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. There was discussion around the notification of head injuries. Please refer to section 6.4.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | **0** | **0** |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Roy, registered manager, and Heather Murray, 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** | |
| **Area for improvement 1**<br><br>**Ref**: Regulation 13 (7)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>ongoing from date of inspection | The registered person shall ensure that staff are supported to comply with best practice in infection prevention and control and that effective systems are put in place to ensure this is embedded into practice.<br><br>**Ref: Section 6.4** |
| | **Response by registered person detailing the actions taken:**<br>All staff have received face to face supervision to comply with best practice in infection prevention and control. Spot checks are also being carried out by the Home Manager and evidenced on the walk around audit along with the monthly Infection Prevention and Control audit. |
| **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**<br><br>**Ref**: Standard 11<br><br>**Stated:** First time<br><br>**To be completed by:**<br>7 December 2018 | The registered person shall review the provision of activities to ensure that these are meaningful to the patients and evaluate this regularly to ensure patients' needs are met.<br><br>**Ref: Section 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**<br><br>**Ref**: Standard 39.4<br><br>**Stated:** Second time<br><br>**To be completed by:** 7 December 2018 | The registered person shall ensure that the arrangements for staff training in practical, basic life support are reviewed and implemented to meet the needs of staff and patients.<br><br>**Ref: Section 6.2** |
| | **Response by registered person detailing the actions taken:**<br>Due to new staff commencing in the home, this training was put on hold. Practical training for has now been arranged for 15th & 16th January 2019 |

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

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

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