



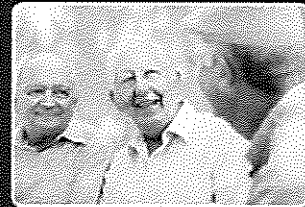
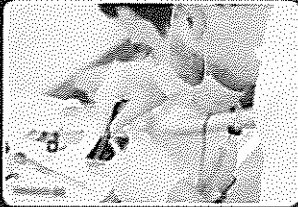
The Regulation and
Quality Improvement
Authority

REGULATION AND QUALITY

21 FEB 2017

IMPROVEMENT AUTHORITY

Announced Post-registration Care Inspection Report 9 January 2017



Rathmena House Care Home

Type of Service: Nursing Home

Address: 26 Rathmena Gardens, Ballyclare, BT39 9HU

Tel no: 02893322980

Inspector: Karen Scarlett and James Laverty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced post-registration inspection of Rathmena House took place on 9 January 2017 from 09.50 to 14.40 hours.

This inspection sought to assess progress with issues raised during and since the previous care inspection and to determine if the home was delivering safe, effective and compassionate care; and if the service was well led under new ownership. On 28 November 2016 ownership of the home transferred to MD Healthcare Limited.

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 'patients' is used to describe those living in Rathmena House which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Wendy McMaster, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 18 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken following this inspection. The QIP was validated at this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: MD Healthcare Ltd Lesley Catherine Megarity	Registered manager: Wendy McMaster
Person in charge of the home at the time of inspection: Wendy McMaster	Date manager registered: 3 April 2013
Categories of care: NH-PH, NH-PH(E), RC-I, NH-LD, NH-LD(E), NH-I Not more than four persons in categories NH-LD and NH-LD(E) to be accommodated at any one time.	Number of registered places: 29

3.0 Methods/processes

Prior to inspection we analysed 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

The inspector met with six patients, one care assistant, one registered nurse, the activities co-ordinator, two ancillary staff, and three patient's visitors/representatives.

Questionnaires were left for the registered manager to distribute; 10 for staff, 10 for relatives and 10 for patients. Two relative/patient representative questionnaires were returned within the timeframe for inclusion in the report.

The following information was examined during the inspection:

- three patient care records
- staff roster 2 to 15 January 2017
- staff training records since previous inspection
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance
- records pertaining to consultation with staff, patients and relatives
- the home's Statement of Purpose
- minutes of staff meetings
- minutes of relatives' and residents' meetings
- one personnel file.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 July 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 18 July 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1 Ref: Regulation 16 (1) and 16 (2) (b) Stated: Second time</p>	<p>The registered person must ensure that nursing care records are revised as and when patients need changes.</p> <p>Action taken as confirmed during the inspection: A review of care records evidenced that care plans had been updated in response to the changing needs of patients, were reviewed on a monthly basis and were reflective of the recommendations made by specialists. This recommendation has been met.</p>	Met
<p>Requirement 2 Ref: Regulation 13 (1) (b) Stated: First time</p>	<p>The registered provider must ensure that the nursing home is conducted so as to make proper provision for the supervision of patients during meal times.</p> <p>Action taken as confirmed during the inspection: The lunchtime meal was observed and this was calm and well organised. Sufficient staff were available to assist and supervise patients at meal times. This recommendation has been met.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12 Stated: First time	The registered provider should ensure that registered nurses and care staff receive training/ supervision to emphasise the importance of meal times in accordance with best practice and the home's policies and procedures.	Met
	Action taken as confirmed during the inspection: There was evidence that staff had received supervision in relation to the mealtime experience, nutrition and its appropriate documentation. There was also a noted improvement in the management of the mealtime service. This recommendation has been met.	
Recommendation 2 Ref: Standard 12, criteria 4, 5 and 12 Stated: First time	The registered provider should ensure that registered nursing staff receive training regarding the completion of MUST risk assessment to ensure that these are accurately recorded and appropriate action is taken when deficits are identified.	Met
	Action taken as confirmed during the inspection: There was evidence that registered nurses had undertaken training in MUST. A review of care records evidenced that these had been completed accurately. This recommendation has been met.	
Recommendation 3 Ref: Standard 16 Stated: First time	The registered persons should review the negative comments made by patients and staff following the inspection. Patients' level of satisfaction should be assessed effectively and any concerns addressed accordingly.	Met
	Action taken as confirmed during the inspection: There was evidence that the negative comments raised at the previous inspection had been discussed with relatives and residents following the inspection. Any issues raised were dealt with as individual complaints and these were recorded appropriately in the complaints record. Staff meetings had also been held to enable them to raise any concerns. Comments on the day of the inspection were positive from residents, relatives and staff. Please refer to Section 4.31 for further information. This recommendation has been met.	

<p>Recommendation 4</p> <p>Ref: Standard 16, criterion 11</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the complaints records include the level of satisfaction of the complainant and how this level of satisfaction was determined.</p> <p>Action taken as confirmed during the inspection: A review of the complaints record clearly evidenced the outcome of the complaint and the satisfaction level of the complainant. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 35, criterion 16</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the annual report dated 30 January 2016 is amended to correct a misleading statement regards compliance with the requirement and recommendations made at the inspection on 14 December 2015 which had yet to be validated by RQIA. An amended copy should be submitted along with the return of the QIP and made available to patients and their representatives.</p> <p>Action taken as confirmed during the inspection: The annual report was no longer available to patients with the change of ownership and this recommendation is no longer applicable.</p>	<p>Met</p>

4.3 Inspection findings

Areas for improvement

4.3.1 Transition to new ownership

Discussion with the registered manager, staff, patients and relatives demonstrated that all were satisfied with the transition to new ownership. All confirmed that they had met with the new owners and the opportunity had been provided to raise any concerns. Two relatives returned questionnaires and indicated that they were either 'very satisfied' or 'satisfied' that the care provided was safe, effective and compassionate and the service was well led.

As part of the transition the registered manager, Wendy McMaster, was seconded from the previous owners for a period to enable the recruitment of a new manager and a smooth handover. This had been reassuring for staff, patients and their representatives. The registered manager explained that they were in the advanced stages of recruiting a new manager and she was hopeful that there would be a period of overlap by way of induction. They were currently operating with MD Healthcare Ltd. human resources policies and were in the process of implementing other MD Healthcare Ltd. policies and procedures for the home.

The statement of purpose had been updated to reflect the change of ownership but an inaccuracy was noted in relation to the categories of care which the registered manager agreed to address. Confirmation was received by email from the registered manager post inspection that this had been amended.

The new owners have plans to improve the premises and an application to vary the premises will be submitted to RQIA once these are plans finalised.

Number of requirements	0	Number of recommendations	0
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4.3.2 Staffing

The registered manager confirmed the planned staffing levels for the home and stated that these were kept under regular review in accordance with patients' dependencies. A review of the duty rotas confirmed that planned staffing levels were adhered to. Staff, patients and their representatives did comment that staff can be very busy at times but confirmed that patients' needs were being met. Staff were of the opinion that they did not have a lot of time to chat with patients. One patient stated that they sometimes had to wait for a while before their call bell was answered and this was passed on to the registered manager to address. Observation on the day of inspection confirmed that call bells were answered promptly and assistance was being given in a timely manner as required.

On discussion it became apparent that care staff were no longer included in the daily handover reports. Staff were concerned that they would miss changes that had occurred with patients since their last shift. On discussion with the registered manager she stated that this was a system carried over from the previous owners and requested an opportunity to address this with her line management. The registered manager responded in an email following the inspection that a new handover sheet had been developed for care assistants coming on duty at each shift to reflect changes in a patient's condition and any other relevant issues. This new system requires a trial period before its effectiveness can be established. A recommendation has been made.

Number of requirements	0	Number of recommendations	1
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4.3.3 Management of incident and accidents

Incidents and accidents were recorded in sufficient detail in an accident book. Audits of incidents and accidents were carried out on a monthly basis to identify any trends and to prevent further incidents occurring. A review of the incident and accident records evidenced that a recent fall resulting in a head injury had not been reported to RQIA in accordance with regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A requirement has been made in this regard.

On review of records of patients' falls it could not be ascertained if neurological observations had been carried out. On discussion with a registered nurse we were not assured that the correct post-falls observations were being carried out according to best practice guidelines. A recommendation has been made and the registered manager was encouraged to seek advice from the falls specialist in the local trust in relation to post-falls management.

Number of requirements	1	Number of recommendations	1
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4.3.4 Premises

An inspection of the premises was undertaken and the lounges, dining room and the majority of bedrooms were reviewed. The home was presented to a high standard of hygiene and cleanliness throughout. The rooms were well decorated, warm and comfortable. It was noted that the corridor carpets were heavily stained and the manager assured RQIA that these had already been measured up for replacement. It was noted that packets of wipes were being stored on the toilet cisterns which is not in accordance with best practice in infection prevention and control. A recommendation has been made.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wendy McMaster, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [web portal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 30

Stated: First time

To be completed by:
Immediately from date of inspection

The registered provider must give notice to RQIA without delay of the occurrence of notifiable events as stated in regulation 30.

Ref: Section 4.3.3

Response by registered provider detailing the actions taken:

Staff have received supervision in the timely completion of Regulation 30 notifications to ensure that in the absence of the Home Manager the reports are sent through.

Recommendations

Recommendation 1

Ref: Standard 41

Stated: First time

To be completed by:
9 February 2017

The registered person should ensure that time is scheduled at all changes of shift for handover reports to be given on patients' care and other areas of accountability.

Ref: Section 4.3.2

Response by registered provider detailing the actions taken:

All staff now have time scheduled at the commencement of a shift for handover reports to be given.

Recommendation 2

Ref: Standard 4, criterion 8

Stated: First time

To be completed by:
Immediately from date of inspection

The registered provider should ensure that following a suspected or confirmed head injury that neurological observations are carried out in accordance with best practice guidelines, documented and responded to appropriately.

Ref: Section 4.3.3

Response by registered provider detailing the actions taken:

Neurological observations are carried out in accordance with best practice guidelines following a suspected or confirmed head injury. Staff have received supervision in current practices in falls management.

<p>Recommendation 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspection</p>	<p>The registered provider should ensure that the practice of storing packets of disposable wipes on toilet cisterns should cease.</p> <p>Ref: Section 4.3.4</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The packets of disposable wipes have now been removed from the toilet cisterns.</p>

**Please ensure this document is completed in full and returned to RQIA offices*

Name of registered manager/person completing QIP	WENDY MCMASTER.		
Signature of registered manager/person completing QIP	W. mcmaster	Date completed	16.2.17.
Name of registered provider approving QIP			
Signature of registered provider approving QIP	J.P. Fin. DEP. CEO.	Date approved	20.2.17
Name of RQIA inspector assessing response	K. SCARLETT		
Signature of RQIA inspector assessing response	J. Saultt	Date approved	21/2/17



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