

# Inspection Report

12 and 17 October 2023



## Rathmena House Care Home

Type of service: Nursing Home  
Address: 26 Rathmena Gardens, Ballyclare, BT39 9HU  
Telephone number: 028 9332 3784

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> MD Healthcare Ltd  <b>Responsible Individual:</b> Mrs Lesley Catherine Megarity	<b>Registered Manager:</b> Ms Emma Turner – not registered
<b>Person in charge at the time of inspection:</b> 12 October 2023 - Ms Emma Turner 17 October 2023 – Mrs Pamela Boyle	<b>Number of registered places:</b> 29  Not more than four persons in categories NH-LD and NH-LD(E) to be accommodated at any one time.
<b>Categories of care:</b> 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 impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 25
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 29 patients. The home is a single storey building with all the patient bedrooms located on the ground floor. Patients have access to a communal lounge, dining room and garden space.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 October 2023, from 9.00 am to 5.00 pm by a care inspector followed by an unannounced medicines management inspection on 17 October 2023, from 9.45 am to 2.00 pm by a pharmacist inspector.

The purpose of both inspections was to assess if the home was delivering safe, effective and compassionate care and if the home was well led in regard to care delivery and medicines management.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement identified during this inspection are discussed within the main body of the report and Section 6.0.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team with respect to medicines management.

RQIA were assured that the delivery of care and service provided in Rathmena House was effective, compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

The medicines management part of the inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspections were discussed with the management team at the conclusion of each inspection.

#### 4.0 What people told us about the service

Patients, staff and relatives were consulted during the inspection. Staff spoken with said that Rathmena House was a good place to work. Staff were mostly satisfied with the staffing levels and the training provided. Staff comments in regard to staffing and the allocation of work was shared with the management team for their appropriate action. Staff told us how they love coming to work and how supportive and approachable the new manager is.

Patients spoken with told us they had good experiences living in the home and they liked the meals provided. Patients told us “the staff are brilliant in here”, “I have plenty to do through the day”, “everything is ok” and “the staff are awful good”.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Relatives spoke positively regarding the care provided to their loved ones, a relative told us; “the home is brilliant”.

There were no questionnaires or responses to the staff on line survey returned within the allocated timeframe.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 25 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 (4) (c) <b>Stated:</b> First time	The registered person shall ensure that all corridors are kept clear and unobstructed at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained good oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the new manager approachable.

### 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. It was observed that care record evaluations were repetitive and could be improved by providing a more meaningful review of the patients' care; this was discussed with the manager who agreed to discuss this with the registered nursing staff.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Review of one patient's care records who had two recent admissions to hospital did not evidence that they had been reviewed and updated on the patient's return to the home to ensure they continued to meet the patient's needs, an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans and skin checks had not been documented as completed; an area for improvement was identified.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were mostly well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall. There was some variation in the timing of the neurological observations; this was discussed with the management team who advised they are currently in the process of updating the homes policy on falls management in line and best practice guidance and once this piece of work is complete the updated policy will be shared with the staff for implementation. This will be followed up on the next care inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

At each meal time a "safety pause" occurs and a member of staff is allocated to co-ordinate the meal service; this is to ensure that the correct meal is served to the correct patient. This is good practice and there was evidence that it was very much part of the daily routine and is well embedded into daily practice in Rathmena House.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items.

A number of items were observed not effectively cleaned for example; moving and handling equipment, wheelchairs and the underside of shower chairs. This was discussed with the manager and an area for improvement identified.

A sluice room was observed open with access to cleaning products. An area for improvement was identified to ensure staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible and the staff had taken part in regular fire drills in the home. The home's most recent fire safety risk assessment was completed on 26 July 2023, with evidence that all actions had been addressed.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a range of activities provided for patients by activity staff. The monthly planned activities were displayed. The range of activities included for the patients included social, community, cultural, religious, spiritual and creative events.

Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

Patients were observed very busy colouring in decorations and getting ready for their "Willy Wonka" sweets and treats themed Halloween party; there was great competition observed between the patients for the best colouring in.

Throughout the home several photographs were displayed of the patients enjoying recent activity events.

It was observed that staff offered choices to the patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients appeared to be content and settled in their surroundings and in their interactions with staff.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Ms Emma Turner has been appointed as the home manager of Rathmena House and is settling into her new role.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager is the safeguarding champion for the home, it was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Messages of thanks including any thank-you cards were kept and shared with staff.

A review of records in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

### **5.2.6 Medicines Management**

The audits completed at the inspection indicated that the medicines were mostly being administered as prescribed. One audit discrepancy was drawn to the attention of the deputy manager for remedial action.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second nurse had checked and signed the personal medication records when they were written and updated to state that they were accurate.



It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment. A sample of the medicines administration records was reviewed. The records were found to have been fully and accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another. A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission. The medicine records had been accurately completed.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient. The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for two patients. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were in place. Nurses knew how to recognise a change in a patient's behaviour and were aware of the factors that may be responsible. Records included the reason for and outcome of each administration.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient. The management of thickening agents was reviewed for two patients. For each patient, a speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

A care plan was in place when a patient required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too low or too high.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plan. A written care plan was in place when this practice occurred. The prescriptions included instructions from the prescriber for the nurses to crush medicines.

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

Management and nurses audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents. Management and nurses were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that sluice rooms are locked that contain chemicals; so that they are securely stored in accordance with COSHH regulations.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> This was rectified on the day of the inspection. Discussions held with staff highlighting the importance of ensuring all chemicals are securely stored in accordance with COSHH guidelines. This will be closely monitored by the Home Manager and Deputy Manager.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure patients care records are appropriately reviewed and updated on the patient's re-admission to the home; for example, following a hospital admission.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Supervision sessions held with staff in regard to the review of a resident's care records on re admission to the home. This will be closely monitored by the Home Manager and Deputy Manager through the auditing system.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> <li>• that patients are repositioned in keeping with their prescribed care</li> <li>• that patient skin checks are recorded as prescribed</li> <li>• that repositioning records are accurately and comprehensively maintained at all times.</li> </ul> <p>Ref: 5.2.2</p>

	<p><b>Response by registered person detailing the actions taken:</b>                  Supervision sessions held with staff in regards to the repositioning of residents and accurate record keeping. This will be closely monitored by the Home Manager and Deputy Manager through the auditing system.</p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b>                  With immediate effect</p>	<p>The registered person shall ensure equipment is effectively cleaned. This is stated with reference to, but not limited to, manual handling equipment, wheelchairs and shower chairs.                  Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>                  All equipment cleaned immediately following the inspection. Supervision sessions held with staff with regard to the effective cleaning of equipment. This will be closely monitored by the Home Manager and Deputy Manager.</p>

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