



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 18 November 2019



## Rathmena House Care Home

**Type of Service: Nursing Home**

**Address: 26 Rathmena Gardens, Ballyclare, BT39 9HU**

**Tel No: 02893322980**

**Inspector: Heather Sleator**

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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 registered nursing home which is registered to provide nursing care and residential care for up to 29 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> MD Healthcare Ltd</p> <p><b>Responsible Individual:</b> Lesley Catherine Megarity</p>	<p><b>Registered Manager and date registered:</b> Lesley McKillen – 6 November 2019</p>
<p><b>Person in charge at the time of inspection:</b> Lesley McKillen</p>	<p><b>Number of registered places:</b> 29</p> <p>Not more than four persons in categories NH-LD and NH-LD(E) to be accommodated at any one time.</p>
<p><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. Residential Care (RC) I – Old age not falling within any other category.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 20</p>

### 4.0 Inspection summary

An unannounced inspection took place on 18 November 2019 from 09.45 hours to 16.20 hours.

The term 'patient' is used to describe those living in Rathmena Nursing Home which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of previous finance have also been reviewed and validated as required.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing patients, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

There were no areas for improvement identified at this inspection.

Patients described living in the home as being a good experience and in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	0

Details of the Quality Improvement Plan (QIP) were discussed with Lesley McKillen, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 18 February 2019.

The most recent inspection of the home was an unannounced finance inspection undertaken on 18 February 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance issues, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 18 November 2019
- 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 reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- minutes of staff meetings
- minutes of patient and/or relatives meetings
- a sample of reports of the monthly quality monitoring reports from August to October 2019.
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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 previous inspections.

Areas for improvement from the last care inspection		
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 13 (7) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the premises and staff practice evidenced that infection prevention and control measures were in accordance with regional guidance and being adhered to.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11 <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An activities coordinator had been recruited and since commencing in the home a weekly activities programme had been developed in conjunction with the needs of and preference of the patients.	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39.4 <b>Stated:</b> Second 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of the staff training records evidenced that training in basic life support had been completed by staff and further training had been scheduled.	

<b>Areas for improvement from the last finance inspection</b>		
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14  <b>Stated:</b> First time	The registered person shall ensure that the name of the account used to administer patients' personal monies is amended to clearly identify that the monies belong to patients, not the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence was made available to confirm that the name of the account identified monies as being patients' monies and not the home's.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> From the date of the previous inspection there had been a change of the registered manager. A review of associated documentation evidenced that patients' property was being reviewed and updated on a quarterly basis and that the registered manager had developed a new template to facilitate the inventory.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.13  <b>Stated:</b> First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence was present to confirm that receipts were being issued to patients for any service the home was facilitating, for example; hairdressing and chiropody.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients about staffing levels and none expressed any concern. Several staff spoke positively about the home to the inspector, including comments such as:

- “Love it here.”
- “Great atmosphere, friendly and good communication.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015.

Discussion with both the registered manager and staff provided assurance that staff were effectively supported by the registered manager through informal conversation and a process of bi-annual supervision and annual appraisal. Eight staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the registered manager. Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. One such staff member told the inspector that they had been inducted by a senior care assistant and then worked alongside staff and stated this was helpful. Staff comments included:

- “They (staff) explained everything, inducted and mentored me for what I feel was a good period of time.”

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.



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. Following this review an action plan was devised to address any identified deficits. 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.

The management of adult safeguarding within the home was discussed with the registered manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We were advised that the use of potential restrictive practices was very limited, for example; the use of bedrails or alarm/pressure mats. Care records were reviewed regarding the use of bedrails and alarm mats. Evidence was present of risk assessments and care plans to monitor the continued safe use of these types of equipment. Evidence was also present of consultation with the multidisciplinary team in relation to the assessed need for the equipment. The policy in respect of restrictive practice was viewed and following this it was advised to include and or detail information in regarding the mental Capacity Act and Deprivation of Liberty Standards. Heather Murray, Group Quality and Development Manager, was present for feedback at the conclusion of the inspection and agreed to do this and forward to RQIA. Updated policy documentation was received into RQIA, via email, on 28 November 2019.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room appearing bright and welcoming to patients and visitors. Building work has commenced to provide additional beds, this had been organised and managed to prevent any disruption to patients.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. The most recent fire drill/evacuation training for staff was in November 2019 with more training dates scheduled to ensure staff meet their mandatory training requirement. The most recent fire risk assessors report was reviewed and was dated 1 May 2019. Recommendations made as a result of the inspection had either been addressed or were in the process of being addressed.

In relation finance management the most recent inspection was 18 February 2019, refer to 6.1 for further detail.

**Areas of good practice**

Examples of good practice found throughout the inspection included: staffing arrangements, staff induction, staff training, adult safeguarding, fire safety records and patient and staff engagement.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 Is care effective?**

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

Feedback from both the registered manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Staff who were spoken with stated that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. Staff commented, "It's a good home, anything I need I just have to ask, staff are very busy here."

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

The care records also evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

The use of a pressure mat which alerted staff to the movement of one patient was reviewed. It was good to note that appropriate and comprehensive risk assessments had been completed which clearly indicated that this equipment was both necessary and proportionate in helping to keep the patient safe. The patient's history was clearly noted along with an appropriate and person centred care plan.

Care documentation regarding the nutritional needs of two patients was reviewed. Daily fluid intake was referenced in the patients' progress records and action to be taken when the desired daily intake was not achieved. Specific nutritional care plans were in place and evidenced consultation with other professionals, any recommendations made by other professionals and regular review.

Wound care which was being provided to one identified patient was also considered. Wound care documentation evidenced that the multidisciplinary team (MDT) had been involved in the patients' care and treatment and that any recommendations made by the MDT had been incorporated into the patients care plan. Wound care management was in accordance with professional guidelines.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present. A discussion with a registered nurse regarding falls management confirmed the registered nurse’s clear understanding and responsibility in respect of post falls management.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the use of potentially restrictive practices, wound care management, post falls management and nutrition and hydration.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 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 09.45 and were met immediately by staff who offered us assistance. Patients were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that patients relating positively to staff and to each other. Patients were engaged by staff with respect and encouragement at all times. One patient commented, “I’m very happy here.”

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Patients have the opportunity to worship as there are services held in the home and the activities coordinator has regular devotional readings with the patients. There was also a monthly newsletter available and displayed for patients and relatives to enjoy.

The serving of the midday meal was observed. The main meal of the day is served in the evening and at the time of the inspection patients had the choice of chicken goujons and chips or fishcakes. The cook meets regularly with patients regarding the planning of the menu, recently patients requested more haddock and sirloin steak to be on the menu, and the sirloin steaks were in the fridge for the patients who had said they would like it to be on the menu choice. Dining tables were attractively and appropriately set and patients had a choice of fluids with their meal. Nursing and care staff were assisting and supervising staff during the meal service.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included patients and relatives meetings, an annual quality survey of service users and their carers or relatives and events which include the relatives, for example a wine and cheese night is planned for 9 December 2019.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all three of the monthly monitoring reports that were reviewed. Each person’s file contained progress notes relating to that person’s involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members’ comments and actions, along with observation of practice and the views expressed by patients and confirmed that compassionate care was being provided consistently in Rathmena House.

There were numerous thank you cards and compliments available regarding the home, comments included:

- “The kindness and friendship shown to (patient) has been greatly appreciated – relative June 2019
- “I really appreciated the managers ‘hands on’ approach and her kindness to and care of my (patient). My thanks to you all for the work you do on (patient’s) behalf.” - relative September 2019

We spoke to staff during the inspection and comments included:

- “Everyone is spoken to in a very respectful manner.”
- “It’s a family atmosphere.”
- “There’s a familiarity with patients but no lack of respect.”
- “Very good training and support, I had a four day induction.”
- “Everyone works very well together, help each other out.”
- “We have a good system for recording anything about the patients as you couldn’t remember exactly, things are more accurate.”

There were no questionnaires completed and returned to RQIA from patients, their relatives or staff.

**Areas of good practice**

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

**Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.6 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 registered manager, Lesley McKillen, facilitated the inspection and demonstrated a very good understanding of The Nursing Homes Regulations, minimum standards and the systems and process in place for the daily management of the home. The Group Quality and Development Manager was also present for feedback at the conclusion of the inspection. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users' files, staffing information and written policies and procedures were made available.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Patients and/or their relatives were made aware of how to make a complaint by way of meetings, service user's guide, the complaints procedure was displayed on notice boards in the home and trust information leaflets were also displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 29. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included, for example; staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. The registered manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed.

Rathmena House and MD Healthcare have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the home and that the registered manager was always responsive to suggestions and/or concerns raised. One staff member commented:

"I could go to Lesley (registered manager) about at any time about anything if I needed to."

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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