The Regulation and Quality Improvement Authority

Inspection Report

25 July 2022

Rathmena House Care Home

Type of service: Nursing Home
Address: 26 Rathmena Gardens,
Ballyclare, BT39 9HU
Telephone number: 028 9332 2980

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: MD Healthcare Ltd **Registered Person/s OR Responsible Individual** Mrs Lesley Catherne Megarity	**Registered Manager:** Mrs Lesley McKillen **Date registered:** 6 November 2019
Person in charge at the time of inspection: Kerri Wright – Deputy manager	**Number of registered places:** 29 Not more than four persons in categories NH-LD and NH-LD(E) to be accommodated at any one time.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category LD – Learning disability LD(E) – Learning disability – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	**Number of patients accommodated in the nursing home on the day of this inspection:** 25
Brief description of the accommodation/how the service operates: 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 25 July 2022, from 9.30 am to 4.10 pm by a care inspector.

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.

The home was warm, clean and comfortable. Patients were well presented in their appearance and appeared happy and settled in the home.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance in a timely manner. Patients who could not verbalise their feelings appeared to be settled and content in their environment.

Staff confirmed that the teamwork in the home was good. During the inspection the team were observed to work well and communicate well with one another.

RQIA was assured that the delivery of care and service provided in Rathmena House Care Home was safe, effective and compassionate and the home was well led by the Manager.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

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 and 'Tell Us' cards 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 inspection were discussed with Lesley McKillen, Manager and Kerri Wright, Deputy Manager at the conclusion of the inspection.

4.0 What people told us about the service

One relative, 12 patients and ten staff were consulted with. Patients spoken with on an individual basis told us that they felt safe, were happy with their care and with the services provided to them in Rathmena House.

Patients described the staff members as "lovely", "very good" and "excellent". Staff told us that they enjoyed working in the home and described good teamwork amongst their colleagues. Staff told us they "enjoyed coming to work" and "I love it here". Ten questionnaires were returned from patients, one comment included; "I am very well cared for" other comments and responses were shared with the Manager for her appropriate action. Eight of the questionnaires contained a satisfied or very satisfied response when asked do you feel your care is safe, compassionate, effective and well led. Two questionnaires indicated neither a satisfied or unsatisfied response.

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 care inspection on 15 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time	The registered person shall ensure that staff provide pressure area care and complete repositioning care records to accurately reflect the assessed needs of the patient. **Action taken as confirmed during the inspection**: A review of care records evidenced this area for improvement has been met.	**Met**

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients and that the required information was included in recruitment records. Staff members were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Staff members were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and these included any advice or recommendations made by other healthcare professionals such as the Speech and Language Therapist (SALT) or the Occupational Therapist (OT).

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. 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. Informative and meaningful daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. The care records reviewed were up to date and evidenced consistent delivery of pressure area care to patients. However; it was observed that refusals of pressure area care were not consistently recorded and those patients who require assistance by two staff members to change their position the care records did not always evidence two staff signatures; this was discussed with the Manager who agreed to action and provide the care staff with supervision on the importance of accurate documentation. This will be followed up on future inspections.

Furthermore, review of a number of patients' care plans who required a pressure relieving mattress did not accurately record the type of mattress in use or the prescribed mattress setting; this was discussed with the Manager who agreed to address. RQIA were provided with evidence on 28 July 2022, that all care plans have been reviewed and updated to accurately reflect the mattress in use and prescribed setting. This also will be followed up on future inspections.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the

management of wounds or pressure ulcers, for example, the Tissue Viability Specialist Nurse (TVN) and were following any recommendations made by these professionals.
One identified care plan did not evidence updating following a recent consultation with the TVN; this was discussed with the Manager and was updated immediately.

Discussion with the Manager and a review of records confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall. The home is actively participating in a regional falls pilot with positive feedback on the new documentation and guidance.

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

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner.

There was a system in place to ensure that all the staff members were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT). If required, records were kept of what patients had to eat and drink daily.

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

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, the laundry 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 from home.

Moving and handling equipment was seen stored in a corridor when not in use; this was discussed with the Manager and the items were moved during the inspection. In the event of an emergency these pieces of equipment would be a potential obstruction and could prevent clear exit from the building. This was identified as an area for improvement in order to comply with the regulations.

A fire risk assessment was conducted on the 29 June 2021; this assessment should be reviewed annually. This was discussed with the Manager and a review date is to be forwarded to RQIA and a copy of the fire risk assessment for review.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

The staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed they could remain in their bedroom or go to the communal lounges when they wished.

There was a range of activities provided for patients by activity staff. The lounge tastefully displayed recent photographs and patients artwork from planned activities. Patients had been consulted and helped plan their activity programmes. Patients commented positively about the activities within the home. The range of activities included social, cultural, religious, spiritual and creative events.

5.2.5 Management and Governance Arrangements

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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.

Discussion with the Manager 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.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

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. There has been no patient or relative meetings since 2019, this was discussed with the Manager and the Covid pandemic has impacted on this; however, the Manager plans to schedule meetings soon as restrictions continue to be eased.

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.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005.**

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Lesley McKillen, Manager and Kerri Wright, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 27 (4) (c)

Stated: First time

To be completed by:
With immediate effect</td><td>The registered person shall ensure that all corridors are kept clear and unobstructed at all times.

Ref: 5.2.3</td></tr>
<tr><td>Response by registered person detailing the actions taken:
This was addressed on the day of the inspection. Further discussions have been ongoing with staff to ensure all corridors are kept clear and unobstructed at all times. This will be closely monitored by the Home Manager.</td></tr>
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Please ensure this document is completed in full and returned via Web Portal

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