



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

# Unannounced Care Inspection Report 30 January 2020



## Rathmena House Care Home

**Type of Service: Nursing Home**  
**Address: 26 Rathmena Gardens, Ballyclare, BT39 9HU**  
**Tel No: 02893322980**  
**Inspector: Joanne Faulkner**

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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 provides care for up to 29 patients.

### 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 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 20 January 2020 from 10.00 to 14.30 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Rathmena House Care Home which provides nursing care.

The inspection determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints

- accident/incidents
- governance arrangements.

Evidence of good practice was found in relation to the delivery of care to patients which took into account personal preferences of patients. Staff demonstrated that they had a clear understanding of the individual needs of the patients and there was evidence that they worked well as a team to deliver the care patients' required. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

No areas requiring improvement were identified during this inspection.

Patients described living in the home 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, people who visit them 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lesley McKillen, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

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

No further actions were required to be taken following the most recent inspection on 18 November 2019.

#### 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 registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them 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 retained

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. Three patient/relative's questionnaires were returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 20 January 2020 to 2 February 2020
- incident and accident records
- three patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for December 2019 and January 2020
- RQIA registration certificate
- staff training records

No areas for improvement were identified at the last care inspection.

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 inspection dated 18 November 2019

There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

We reviewed staffing arrangements; the home manager was registered in November 2019. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a deputy manager and team of

registered nurses and healthcare assistants. In addition, there is a team of support staff which includes administrative staff, an activities co-ordinator and housekeeping, laundry, maintenance and kitchen staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff and a sample of the home's staff rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The manager stated that following a review of dependency levels an additional nurse is being provided on the early shift each day.

Discussions with a number of patients and a relative during the inspection identified that they had no concerns with regards to receiving the appropriate care and support to meet their needs.

The duty rota information viewed, reflected the staffing levels as discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team which included regular agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that they felt that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff we spoke with had a clear understanding of their roles and responsibilities. Discussions with patients evidenced that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Patients stated that the manager and staff are very caring and approachable and always willing to take time to speak with them.

Discussions with staff, patients and a relative, and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful, calm and caring manner. Call bells were noted to be answered promptly. Interactions between staff and patients were observed to be compassionate and appropriate. Observations of patient and staff interactions evidenced that patients were offered choice, staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

A number of the patients consulted with spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

## 6.2.2 Environment

We reviewed the home's environment undertaking observations of the dining room, lounge, and a sample of bedrooms, bathrooms, and storage areas. The manager described how they are continually striving to ensure that the home is safe and pleasant for the patients and their visitors. Fire exits and corridors were observed to be clear of clutter and obstruction.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control and making a complaint. Tea and coffee facilities were available for visitors. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered. There were no malodours detected in the home.

The lounge area was clean, warm and welcoming; drinks were available for patients. Staff were in attendance and supporting patients to partake in an activity.

The sample of patients' bedrooms viewed were clean, warm, well decorated and welcoming and had been personalised to the individual interests, preferences and wishes of patients. A small notice board was provided in each room; the manager stated that this supports them in providing information to relatives. There is an information board in the main area of the home providing information relating to fire safety, choking risk, modified diets and the role of RQIA.

Bathrooms were clean, fresh and uncluttered; pull cords were appropriately covered in keeping with best practice with regards to infection prevention and control (IPC). A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used these appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information leaflets with regard to IPC issues such as hand hygiene were available for staff, patients and their visitors.

The laundry room was clean and fresh; the sluice room was locked and cleaning chemicals were appropriately stored.

## 6.2.3 Care records

The review of care records for three patients identified that they were individualised to the needs of the person; they included details of patient's assessed needs, risks and likes/dislikes. The records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included details of patients' life histories, pre admission assessments, risk assessments and care plans.

Care plans viewed provided details of the care required by individual patients; they were noted to include details of any practice deemed to be restrictive. Staff record three times daily the care provided to patients. The manager stated that care plans and risk assessments are required to be reviewed at least monthly by the patients identified named nurse. It was identified that one of the records reviewed had not been updated within the timescales as described by the manager; correspondence was provided by the manager immediately following the inspection confirming that the required information had been reviewed and updated.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process

included input from patients and/or their representatives, as appropriate; care plans were noted to have been updated following recommendations from professionals such as Speech and Language Therapists (SALT) and Tissue Viability Nurses (TVN).

Discussions with staff and a number of patients, and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care and to promote their independence.

There was evidence that patients weights are reviewed monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Staff stated that patients had 24 hour access to food and fluids. There is evidence of SALT and dietetic input into the assessment and care planning of patients if required.

#### **6.2.4 Dining experience**

We noted that mid-morning patients were offered a range of hot and cold beverages and a selection of breads, biscuits yogurt and fruit. Staff were observed offering patients a choice of food and drinks. We observed the serving of the mid-day meal; the atmosphere the dining room was calm and relaxed. Food served was noted to be appetising and well presented. Food was covered when being transferred from the dining room to patients who were eating in the bedrooms. A number of patients we spoke with indicated that the food was good and that they had a choice as to what they wanted to eat.

The dining room was observed to be well presented, clean and table settings were noted to be appropriate, napkins, condiments and cutlery were provided. Staff were wearing appropriate protective clothing with regards to food hygiene good practice when serving the meal.

It was noted that a number of patients required staff support with eating their meal; staff were observed taking time to chat to the patients and in ensuring they were satisfied with their choice. We observed staff offering and providing assistance in a discreet and sensitive manner when necessary. Where required, patients were provided with appropriate clothing protection during the meal time.

#### **6.2.5 Activities**

There was evidence that a varied programme of activities is available to patients in the home; they included craft, religious services and musical activities. Activities planned are clearly detailed on a notice board that is centrally located within the home. The home has an activities therapist; they support and encourage patients to be involved in a range of activities. During the inspection we observed that activities therapist supporting patients to participate in a craft activity.

#### **6.2.6 Complaints**

Discussions with the manager and the review of records indicated that complaints received by the home since the previous inspection had been managed appropriately. Discussions with the manager indicated that they were knowledgeable in relation to managing complaints received. Complaints are audited monthly as part of the quality monitoring audit.

The home has received a number of compliments from relatives, comments included:



- “Thank you to all staff at Rathmena for looking after dad so well and for your kindness and care.”
- “Thanks and gratitude for how you cared for our mother.”
- “Many thanks for you care given.”

### **6.2.7 Adult safeguarding**

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last inspection had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/ referrals are reviewed as part of the monthly quality monitoring process. It was positive to note that a comprehensive record is retained of actions taken and outcomes of referrals made.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients who spoke to us could describe the process for reporting concerns they had in relation to care provided; they indicated that the manager and staff are approachable.

Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

### **6.2.8 Incidents**

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

### **6.2.9 Consultation**

During the inspection we spoke with 10 patients, a relative and five staff members. In addition we spoke to small groups of patients in the dining room or lounge areas. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

#### **Patients’ comments**

- “Happy, staff are great.”
- “I have no problem; the food is great.”
- “Staff are good; it is a lovely place.”
- “I am okay, I like it here; the staff are good.”
- “It is very good here, I am very happy.”
- “Staff work hard they do a good job.”
- “I tell them if I am not happy; I would soon tell them.”
- “I can do what I want; I feel I am safe.”
- “Staff are kind, caring and helpful.”
- “I was in hospital, so glad to be back; they care more her.”

- “My nurse is very good.”
- “I am 101 years old; I am happy, I have no complaints.”
- “I can leave my stuff here if I want; this is my corner of the lounge.”

#### Staff comments

- “I am very happy here; I got two weeks induction it is the best I have ever had. This is a great place to work.”
- “Lovely place to work, no rushing; the atmosphere is relaxed and calm.”
- “I feel well supported, the manager is great. They really care about people here.”
- “Great place, great team; we all work well together.”
- “The manager is great, very approachable and lovely with the residents.”
- “We have enough staff.”
- “I give the patients the food they want, food they are used too,”
- “I have worked here 26 years, I love it. It is a great place to work.”
- “Patients are well cared for, they get what they want.”
- “If I seen or heard anything not right I would soon report it.”

Patients stated that staff were friendly and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas; the activities coordinator was encouraging and supporting patients to be involved in an organised activity. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a calm, relaxed and welcoming atmosphere in all areas within the home.

Discussion with the manager and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; three responses were received prior to the issuing of this report. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. Comments received included: “Rathmena is a small but friendly home. My mother has been there eight years and if I have any concerns staff are happy to listen.”; “Staff spend so much time writing notes.....quite a lot of new staff recently”.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

#### **6.2.10 Governance arrangements**

The manager provided evidence that systems were in place to monitor and report on the quality of care provided. The manager completed a range of audits on a monthly basis in areas such as medication, infection prevention and control. The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in

accordance with Regulation 29. The monitoring visits are completed by the organization’s Quality and Development officer.

We reviewed a sample of the audit reports that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. It was identified that an action plan is generated to address any identified areas for improvement. The records indicated engagement with staff, patients, and where appropriate their representatives. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding matters, care records, environmental matters and complaints.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

**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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