

Inspection Report

10 September 2024



Ratheane Private Nursing Home

Type of service: Nursing Home
Address: 58 Mountsandel Road, Coleraine, BT52 1JF
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Ratheane</p> <p>Responsible Individuals: Mr Brian Macklin Mrs Mary Macklin</p>	<p>Registered Manager: Mrs Claire Wilkinson</p> <p>Date registered: 15 July 2022</p>
<p>Person in charge at the time of inspection: Mrs Claire Wilkinson - manager</p>	<p>Number of registered places: 42 Bedroom 61a has been temporarily repurposed as a dining room until works are completed. RQIA is to be informed upon completion of these works and this room will revert to its original use.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 41</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 42 patients. The home is divided into two units on the first floor of the building.</p> <p>There is a residential care home on the ground floor of the building with separate management arrangements.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 September 2024, from 9.30 am to 5.50 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.

It was positive to note that the areas identified for improvement at the last inspection had been addressed. New areas requiring improvement identified during this inspection are included in the body of the report and in the Quality Improvement Plan (QIP) in section 6.0.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team 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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients appeared relaxed and chatted to other patients and staff throughout the day. Patients, a relative and staff were generally positive about their experiences in the home.

Patients gave a variety of feedback including; that the staff were very good and they were available if needed, the food was very good, however, one patient felt the food was too salty and one felt that there was not enough variety. This was brought to the attention of the manager for her review.

A visitor spoken with described the home as really good and said they were kept well informed about their relative.

Staff were complimentary about the manager's support and were satisfied with the staffing levels and the training provided.

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Two completed questionnaires were received which confirmed that patients felt safe and the care provided was compassionate, however, one patient felt that they had to wait for assistance from staff and for them to attend to their needs. This was brought to the attention of the manager for her review and action if required.

A record of compliments received about the home was kept and shared with the staff team.

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 22 February 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1) (a) Stated: Second time	The registered person shall ensure the following in regards to the repositioning of patients: <ul style="list-style-type: none"> that patients are repositioned in keeping with their prescribed care that repositioning records are accurately and comprehensively maintained at all times. 	Met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for Improvement 2	The registered person shall ensure that a suitable dining area is provided for patients.	Met

Ref: Regulation 27 (2) (a) Stated: First time	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for Improvement 3 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure the environmental deficits identified as part of this inspection are addressed.	Met
Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been 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.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance was high and included moving and handling practice and fire safety training.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the level of communication between staff and management.

The staff duty rota was reviewed and identified the person in charge of the home in the absence of the manager, however, did not accurately reflected the staff working in the home on a daily basis. The duty rota included staff working hours in the residential care home on the ground floor. An area for improvement was identified

Staff told us that there was not always enough staff available at meal times to ensure patients received their meals in a timely way. This was discussed with the management team for their action and will be reviewed at the next inspection.

A check was completely by the manager on a monthly basis to ensure staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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.

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. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

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

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position, however, records evidenced that whilst repositioning was recorded accurately, pressure relieving mattresses were not all at the correct setting for patients' weight. This was brought to the attention of the nurse in charge for action and an area for improvement was identified.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

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.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was observed that the menu was not visible to patients to inform them of the daily menu due to position and size. This was discussed with the manager during feedback and an area for improvement was identified.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met, however one patient felt that at times the food was too salty and there was limited choice. This was brought to the attention of the manager for her action and will be reviewed at the next inspection.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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.

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 included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

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

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 recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally tidy and well maintained, however, hoists, flooring and a kitchenette area required cleaning. This was discussed with the manager during feedback and an area for improvement was identified.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. A number of rooms required mirrors to be put in place. Assurances were provided by the manager that mirrors had been ordered for areas which required this.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence throughout the home of 'homely' touches such as snacks and drinks available throughout the day.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Observation of staff practices identified staff were not disposing of unclean linen appropriately and a catheter was not positioned correctly to prevent the spread of infection. This was brought to the attention of the manager during feedback and an area for improvement was identified.

A lift maintenance store was inspected and noted to be unlocked which provided access to electrical points. Additionally, cleaning chemicals on trolleys were noted to be accessible in corridors of the home. This was brought to the attention of staff for immediate action and two areas for improvement was identified.

Review of a number of bathrooms identified that floor cleaning signs were inappropriately stored. This was discussed with the manager at feedback and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to 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.

There was a range of activities provided for patients by staff. As said previously patients had been consulted/ helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events. A harpist was playing music in the home for a patient's birthday on the day of inspection.

Staff recognised the importance of maintaining good communication with families. Staff assisted patients to make phone calls when required. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Claire Wilkinson has been the manager in this home since 15 July 2022.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients, however, these audits did not identify the pressure relieving mattresses were at the wrong setting for individual patients. This was discussed during feedback with the manager who agreed to add this to the auditing process. This will be reviewed at the next inspection.

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.

Patients spoken with said that they knew how to report any concerns and said they were confident that the person in charge would manage their concerns well.

Staff 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.

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

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the the management team and described them as supportive and approachable.

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 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
Total number of Areas for Improvement	2	6

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 2 (a) Stated: First time To be completed by: With immediate effect (10 September 2024)	The responsible individual shall ensure the lift maintenance store is kept secured at all times. Ref: 5.2.3 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 14 2 (a) Stated: First time	The responsible individual shall ensure cleaning chemicals are kept secure at all times. Ref: 5.2.3

To be completed by: With immediate effect (10 September 2024)	Response by registered person detailing the actions taken:
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 15 September 2024	The responsible individual shall ensure there is an accurate and up to date rota available at all times. Ref: 5.2.1 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: With immediate effect (10 September 2024)	The responsible individual shall ensure that pressure relieving mattresses are at the correct setting for patients' weight. Ref: 5.2.2 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: 20 September 2024	The responsible individual shall ensure that the daily menu is displayed in a suitable format and in a suitable place for patients to view. Ref: 5.2.2 Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Standard 44 Stated: First time To be completed by: 30 September 2024	The responsible individual shall ensure hoists, flooring and a kitchenette area are kept clean. Ref: 5.2.3 Response by registered person detailing the actions taken:
Area for improvement 5 Ref: Standard 46	The responsible individual shall ensure the infection prevention and control issues identified in section 5.2.3 are addressed. Ref: 5.2.3

<p>Stated: First time</p> <p>To be completed by: 15 September 2024</p>	<p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2024</p>	<p>The registered person shall ensure that all spaces in the nursing home are used for the purpose for which they are registered. This includes, but is not limited to, bathrooms used for storage.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p>

**Please ensure this document is completed in full and returned via Web Portal*



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



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