

# Inspection Report

30 July 2024



## Ratheane Care Home

Type of service: Residential  
Address: 58 Mountsandel Road, Coleraine, BT52 1JF  
Telephone number: 028 7034 4299

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Ratheane</p> <p><b>Registered Persons</b> Mr Brian Macklin Mrs Mary Macklin</p>	<p><b>Registered Manager:</b> Mrs Noeleen Tweed - not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Noeleen Tweed</p>	<p><b>Number of registered places:</b> 33</p> <p>A maximum of 33 residents to be accommodated. 18 residents to be accommodated in general residential unit categories RC-I, RC-PH and RC- PH(E) and 15 residents to be accommodated in the dementia unit.</p>
<p><b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 33</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This home is a registered Residential Care Home which provides health and social care for up to 33 residents. The home is located on the ground floor and is divided in two units. The Elm unit provides care for people living with dementia and the Cedar unit provides general residential care. Residents have access to communal lounges, bathrooms, dining rooms and a garden.</p> <p>There is a separately registered Nursing Home under the same roof.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 30 July 2024, from 10 am to 4.20 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was bright and welcoming, the atmosphere was warm and residents were observed to be seated comfortably in communal areas across the home, or in their bedrooms based on their individual preference.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that living in the home was a good experience. Residents confirmed that they would have no issue raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

One new area for improvement was identified regarding access to substances hazardous to health, (COSHH)

RQIA were assured that the delivery of care and service provided in Ratheane Care Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

## 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.

Throughout the inspection RQIA will seek to speak with residents, 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 residents 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**

Residents told us that they were happy living in the home. Residents’ comments included, “It’s lovely here, everyone is so good,” and “I like it here, the girls treat you well.”

Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

Staff said, “We have a good team here, the seniors are very supportive,” and “The residents are very important to us.”

No additional feedback was received from residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team; this is good practice. One compliment received thanked staff for their care and support.

**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 7 September 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 5.5  <b>Stated:</b> First time	The registered person shall ensure that risk assessments reflect residents’ preferences with regards to the use of call bell leads in their bedrooms.  Ref 5.2.2	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered person shall ensure that the management of medicine refrigerator temperatures is robust as detailed in the report.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 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 residents.

The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff had completed a range of mandatory training including safeguarding, Deprivation of Liberty and infection control.

Staff said there was good teamwork and that they felt well supported in their role. Staff confirmed that there was good communication between staff and management. One member of staff commented, "Things are very good at the minute, the management listen to us."

Inductions were completed for all staff working in the home. Discussion with staff confirmed that they found the inductions helpful and informative.

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.

There was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, staff were observed spending time in the lounge areas or in their bedrooms chatting and joking with them. One resident said, "The girls always make time to come and chat."

Residents, relatives and staff spoken to expressed no concerns regarding staffing arrangements within the home.

## 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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. A handover sheet was made available to all staff at each shift changeover.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. There was evidence of positive, respectful interaction between staff and residents.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of a post falls monitoring tool being used to monitor residents after a fall and appropriate onward referral as a result of the post falls review. Falls were managed consistently and in keeping with best practice.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain, there was evidence that concerns regarding residents' weights were discussed with the appropriate professional.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place. At times some residents 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.

Daily records were kept of how each resident 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

The home was clean and tidy. Resident's bedrooms were personalised with photographs and other items or memorabilia.

Shortfalls were identified in regard to the effective management of the home's environment to minimise potential risks to residents' health and wellbeing. The maintenance room and the art room were unlocked, and tropical creams and hair care products had not been appropriately secured. This was highlighted to the manager who ensured that all doors were locked and all items stored correctly. Assurances were provided by the manager that supervision would be arranged with the identified staff to review their knowledge of Care of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, 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. The latest fire risk assessment was carried out on 12 December 2023, with all actions signed off by management as being complete.

Systems and processes were in place to ensure the management of risks associated with infections. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff 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 Residents**

There was a range of activities provided for residents by staff including; social, community, religious and creative events. The activity schedule was on display for residents to observe and there was also evidence of activities taking place on the day of inspection. Some residents told us they preferred to be private and remain in their rooms, but felt supported by staff to have these wishes maintained. One resident confirmed that although she does not attend the activities, the staff will make time to come to chat to her. Residents had access to books and television, or their other preferred choice of entertainment.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, the planning of activities.

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

There has been no change in the management of the home since the last inspection. Mrs Noeleen Tweed, has been the manager of the home since 7 September 2021. Mrs. Tweed has confirmed her intention to come forward for registration with RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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 residents, care practices or the environment.

Complaints were managed correctly and good records were maintained. Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would take any concerns seriously and deal with them appropriately.

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 regional manager was identified as the home's safeguarding champion. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk.

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 residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with residents, 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 residents, 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

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

\* the total number of areas for improvement includes one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process and can be found in the main body of the report.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time <b>To be completed by:</b> 30 July 2024	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Appropriate signage installed for doors that should remain locked when not in use. Supervision cascaded to all care staff on appropriate storage of creams and refresher training on COSHH on E-learning. Manager will include checks on daily compliance audit and conduct regular spot checks to ensure doors are locked and free from hazards.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> 11 October 2022	The registered person shall ensure that the management of medicine refrigerator temperatures is robust as detailed in the report.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

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



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