

Inspection Report

Name of Service: Ratheane Private Nursing Home

Provider: Ratheane

Date of Inspection: 15 May 2025

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:	Ratheane
Responsible Individuals:	Mr Brian Macklin Mrs Mary Macklin
Registered Manager:	Mrs Claire Wilkinson
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 42 patients. The home provides general nursing care and is divided into two units on the first floor of the building.</p> <p>There is a separate registered residential care home which occupies the same building and there is a separate registered manager for this home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 May 2025, from 9.30 am to 3.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care. 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.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy with the care provided by staff. Patients also said the food was very good, staff were good to them, the home was clean, tidy and quiet.

Staff were complimentary about the support provided by the manager, the training opportunities and the good team work in the home. Staff had no concerns about staffing levels and patient care.

Discussion with 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 told us 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.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Staff were observed to respond promptly to call bells and patient requests for assistance. Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Examination of the staff duty rota and discussions with staff confirmed that the planned number of care staff on duty was correct and were sufficient to meet the needs of patients.

Review of the system to manage the registration of nurses and care staff evidenced that it this was checked and recorded regularly.

3.3.2 Quality of Life and Care Delivery

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.

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

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 also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly, however gaps were identified in the recording of the repositioning. This was discussed with the manager and an area for improvement was identified.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service or their GP, or for physiotherapy.

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 and their diet modified.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

The dining experience was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, word games and arts and crafts, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care

Review of a sample of patient care plans identified that nursing staff regularly reviewed care plans to ensure they reflected the patients' current care needs.

3.3.4 Quality and Management of Patients' Environment Control

The home was generally tidy and welcoming. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas suitably furnished, warm and comfortable.

Other areas of the home's environment required maintenance: for example, scored walls, a chipped sink surround, peeling chipped bedroom furniture and a broken window frame. An area for improvement was identified.

Additional cleaning was required to a corridor, wall art and mirrors adjacent to ongoing building works in the home. An area for improvement was identified.

Aprons for use in patient care were hanging loose in corridors, slings were observed trailing on floors and improved hand sanitising was required by staff during meal times. An area for improvement was identified.

Observation identified that cleaning chemicals were not locked away in a kitchenette and additionally dietary supplements were stored in an unlocked cupboard. One area for improvement has been stated for a second time and a new area for improvement was identified.

The patient kitchenette cupboard contained staff item such as handbags and coats. This was discussed with the manager and an area for improvement was identified.

3.3.5 Quality of Management Systems

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.

Patients and staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	5

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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: Second time To be completed by: 16 May 2025	<p>The Responsible Individual shall ensure cleaning chemicals are kept secure at all times.</p> <p>Ref: 5.2.3 and 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - Chemicals removed at time of inspection and placed in a lockable area. - Locks now in place. - Information cascaded to all staff on safe storage of chemicals. - Spot checked /oversight by Manager, Deputy Manager, Staff Nurse in Charge of shift and Senior Care Assistant.
Area for improvement 2 Ref: Regulation 14 2 (a) Stated: First time To be completed by: 16 May 2025	<p>The Responsible Individual shall ensure dietary supplements are stored securely.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - Supplements in store area were waiting to be disposed of, labels had been removed, bottles removed and disposed of with immediate effect. - All prescribed supplements are stored in locked store area.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 16 May 2025	<p>The Responsible Individual shall ensure patients are repositioned and records accurately maintained as directed in their care plan.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - At the time of inspection, the inspector reviewed 1 week of repositioning records for 3 selected residents. Overall the inspector stated the records were good and well documented, the inspector mentioned 2 identified repositioning concerns for 1 resident but did not provide specific details. -Nurse Manager & Deputy Manager spot check repositioning records to ensure that repositioning records are in line with assessed care needs of residents. The Regional Manager also reviews this area during Reg 29 monthly monitoring visit.

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2025</p>	<p>The Responsible Individual shall ensure the premises are well maintained and remain suitable for their stated purpose. This is in relation to, scored walls, a chipped sink surround, peeling chipped bedroom furniture and a broken window frame.</p> <p>Ref: 3.3.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2025</p>	<p>Response by registered person detailing the actions taken: Refurbishment plan in place, home currently undergoing extensive redevelopment.</p> <ul style="list-style-type: none"> - Identified walls filled -to be painted - Matter relating to sink, addressed - Broken window frame was identified the morning prior to inspector arriving and had been reported to maintenance - new window was required- same has been addressed - Furniture / peeling furniture - ongoing replacement. <p>The Responsible Individual shall ensure the premises are kept clean and hygienic at all times. This is in relation to an unclean corridor, wall art and mirrors.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - Corridor mentioned was outside the dayroom that was undergoing extensive redevelopment, walls being drilled through and knocked down to make large doorways, plastering, tracking along walls for call bell system and floors being screened for new flooring on day of inspection. Domestic staff clean area daily, and attempted to manage the dust whilst on shift. This will be fully resolved when all works in that area had completed. - Day room is now registered and in full working order, surrounding area was deep cleaned and domestic team clean environment daily as part of routine cleaning schedule.
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2025</p>	<p>The Responsible Individual shall ensure the infection prevention and control issues identified in section 3.3.4 are addressed.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - Aprons- currently using boxed aprons, rolls of aprons to be sourced. - Slings- staff advised to ensure slings are lifted and not allowed to trail on the floor whilst transporting equipment to and from rooms. Slings are routinely laundered. - Hand sanitising - reiterated to staff to cleanse/wash hands between serving residents meals.

<p>Area for improvement 5</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2025</p>	<p>The Responsible Individual shall ensure all spaces in the home are used for the purpose for which they are registered. This is in relation to staff items such as handbags and coats stored in the patient kitchenette.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - All items removed. staff advised to keep belongings in staff room. - Spot checked /oversight by Manager, Deputy Manager, Staff Nurse in Charge of shift and Senior Care Assistant.

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