

Inspection Report

Name of Service: Rathmena House Care Home

Provider: MD Healthcare Ltd

Date of Inspection: 23 September 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:	MD Healthcare Ltd
Responsible Individual:	Mrs Lesley Catherine Megarity
Registered Manager:	Ms Emma Turner – not registered
Service Profile: This is a registered nursing home which provides care for up to 29 patients who require nursing care due to being over 65 years of age and/or who have a physical disability under or over 65 years or have a learning disability. The home is on ground floor level and there is a communal lounge and dining room.	

2.0 Inspection summary

An unannounced inspection took place on 23 September 2025 from 09.45 am to 4.35 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 27 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident 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 spoke in positive terms about their experience of living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, two areas for improvement were assessed as having been addressed by the provider. One area for improvement was stated for a second time. 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 that overall they were satisfied with the care and services provided in the home. Patients described staff as "lovely", "very good and helpful", and "the best." Two patients described mixed feedback in relation to staff and the specific details of their comments were shared with the management team for follow up.

Patients told us that staff were available when they needed support, "they come when I buzz."

When discussing the provision of food and drinks, some patients said that the food was good and that they felt well catered for. Patients confirmed that they had choice at mealtimes and that alternative meals could be provided if they did not like the choices on offer. One patient said, "The cook sometimes comes and asks us what we like." Some patients were ambivalent about the food and said it was "okay." This is discussed further in section 3.3.2.

Following the inspection, we received two questionnaires completed by relatives. Both respondents indicated that they were very satisfied with the care and services provided in Rathmena House Care Home.

Relatives described the care as "exceptionally good", "excellent", and "fantastic." Relatives said that staff were "superb", "admin and health carers are very helpful in all aspects of their caring duties", and "I always see staff joking and chatting with (loved one), which they love." Other comments included, "My (loved one) is always well presented and never complains", "both medical care and all activities provided make for a great atmosphere", and "My (loved one) is so content which makes their stay so comfortable."

Relatives said that they were kept well informed, "If my (loved one) needs antibiotics or if there is something wrong they ring me and reassure me and explain what is happening...I'm always aware of how my (loved one) is."

Relatives said, "The food provided is very good" and "best porridge, apparently." When asked if there was anything that could be improved upon, relatives said, "I can think of nothing which could be done to improve the level of care being provided...I have absolutely no concerns about anything regarding Rathmena", and "it's like home from home."

Staff told us that they were happy working in the home. Some staff commented on staffing levels and detail of this can be found in section 3.3.1 of this report. Staff told us that patient care and wellbeing was their priority.

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.

Review of duty rotas evidenced that planned staffing levels were adhered to and the nurse in charge of the home in the absence of the manager was identified. A notice in the reception area also informed patients and visitors to the home about who was in charge that day.

Patients said that there was enough staff on duty to help them. Some staff said that they were happy with the staffing arrangements while some staff said that they would like to have more care staff in the morning. All staff described having good teamwork and that they were able to meet the needs of patients. Staff comments about staffing levels were discussed with the management team who provided assurances that staffing levels and skill mix were reviewed on a regular basis and subject to change when indicated.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, staff were seen to offer choice to patients about where they wanted to sit, with some patients choosing to sit in the communal lounge and some choosing to remain in their bedrooms.

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 and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, offering personal care in a discreet manner.

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

Patients told us that they were happy with the environment and some patients talked about how they chose the décor of their bedrooms and were able to personalise their space to feel more homely. Patients said that their visitors could come at any time of the day and that they could choose to participate in social activities or enjoy their own private space.

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. Review of care records evidenced that patients were repositioned in accordance with their care plans. However, repositioning records did not evidence if staff were conducting skin checks. A previously identified area for improvement was stated for a second time.

Examination of care records and discussion with staff 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, 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.

The dining room was set in advance of mealtimes, with tablecloths, flowers, and condiments. An up to date menu board displayed two choices at each sitting. Discussion with patients and staff confirmed that alternative meals could be provided if a patient did not like the menu options.

As stated in section 3.2, some patients described the food as just "okay", and some patients were unsure about the choices. This was discussed with the management team who informed RQIA that they planned to conduct a menu review and would include a consultation phase as part of this process. This will be reviewed again at the next care inspection.

Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet. Observation of the lunchtime meal, confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience. The atmosphere was calm, relaxed and unhurried.

It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. Throughout the day, staff were seen to engage patients in conversation about things that were of interest or importance to the patients. The activities co-ordinator was seen to greet patients in the morning and to find out what patients wanted to do that day. Some patients were seen to enjoy hand massage and nail painting.

A weekly activities programme was on display and included sessions such as knitting, art, games, reminiscence, and a coffee morning. Discussion with the activity co-ordinator confirmed that there was flexibility within the programme, and if patients decided that they would prefer an alternative activity, this was accommodated.

The activity programme catered for patients' social, spiritual, recreational, and creative needs. Upcoming events included a Halloween party, live music from visiting entertainers, fundraising events and religious services.

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. A previously identified area for improvement was assessed as met.

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. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

It was noted that the personal care records did not provide specifics of certain interventions. For example, it was unclear if nail care was 'cleansing', 'trimming', or both. This was discussed with the management team and it was agreed that this document would be reviewed and amended to reflect the exact nature of the intervention provided by staff on each occasion. This will be reviewed again at the next care inspection.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and free from malodour. There was a homely and welcoming atmosphere.

Some areas of the home required painting. The manager confirmed that a redecorating plan was in place. This will be reviewed at the next care inspection.

Patients' bedrooms were clean and personalised with items of interest and sentimental value to the patients. Some patients told us about how they chose the décor of their bedroom and one patient talked about how staff helped them make their bedroom more personal and homely.

It was noted that, in a small number of bedrooms, packs of continence aids were stored on the floor. Discussion with the manager confirmed that this was an arrangement for ease of

accessibility for some patients who managed their own aids. Following discussion, the manager agreed to store the items in discreet boxes on the floor, which would still allow easy access for patients. This new arrangement would better protect patient dignity, and align with infection prevention and control standards.

Communal spaces were clean and accessible to patients. It was noted that potential hazards in the environment were well managed. For example, medication trolleys were not left unattended. A previously identified area for improvement was assessed as met.

Training was provided to staff in relation to infection prevention and control (IPC) and the correct use of personal protective equipment (PPE). It was observed that there was an adequate supply of PPE in the home and that staff wore PPE at appropriate times. Two staff were seen to wear nail varnish or gel nails. This is not in keeping with best practice in hand hygiene. An area for improvement was identified.

Fire safety measures were in place. The most recent fire risk assessment was undertaken on 11 October 2024. The provider addressed any recommendations made by the assessor. Records evidenced that staff participated in fire drills to ensure they knew what to do in the event of a fire. The manager had good oversight of staffs' participation in drills and planned unannounced drills to ensure all staff practice at least twice a year. Fire exits were free from obstruction and fire extinguishing equipment was accessible.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Emma Turner was appointed manager on 20 September 2023. The manager remains unregistered with RQIA. This was discussed with the manager during the inspection and she confirmed plans to apply to RQIA for registration.

Staff commented positively about the manager and described her as supportive, approachable and available to provide guidance. "Emma is very good... she is lovely", "she is very approachable...I would go to her with anything."

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 or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

A record of compliments about the home was maintained and shared with staff. Comments in cards included, "Thank you for the exceptional care and compassion you provided", and "Thank you for the lovely spread at the party..."

The home was also confirmed as a finalist for care home of the year at the upcoming Peninsula Care Awards.

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	0	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Emma Turner, 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 Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 23 September 2025</p>	<p>The registered person will ensure that repositioning records evidence the skin checks as prescribed in the patients care plan. These records should be accurately completed.</p> <p>Ref: 2.0 and 3.3.2</p> <p>Response by registered person detailing the actions taken: Staff record of skin checks was further discussed on the day of inspection and in staff meetings following the inspection. A review of our current documentation has been carried out and updated to ensure staff are able to display residents' skin condition in our resident's booklets more clearly. Improved governance is in place to ensure that the prescribed care is accurately documented in the resident's booklets. This will be monitored closely by the Home Manager</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46.11</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2025</p>	<p>The registered person shall ensure that staff adhere to best practice guidance in hand hygiene and remain bare below the elbows while working in the home.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff were immediately reminded of the Infection Prevent and Control Policy, including requirements for bare below elbows. Staff supervision sessions have been completed with staff and further discussion was held at the staff meeting. For some individuals refresher training on Infection Prevention and Control has been completed. The staff at Rathmena House are committed to patient/resident safety and wellbeing through adherence to best practices in infection prevention and control. This area will be closely monitored by the Home Manager to ensure the improvement is embedded into daily practice.</p>

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