The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Clonlee**

Provider: **Hutchinson Homes Limited**

Date of Inspection: **16 October 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:	Hutchinson Homes Limited
Responsible Individual:	Ms Naomi Carey
Registered Manager:	Mrs Perpetua Latta
Service Profile – This home is a registered nursing home which provides nursing care for up to 52 patients.	

2.0 Inspection summary

An unannounced inspection took place on 16 October 2025, from 9.30 am to 5.00 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 9 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Whilst we found care to be delivered in a compassionate manner, improvements were required to the managerial oversight and arrangements pertaining to governance audits.

The previous Quality Improvement Plan (QIP) was reviewed. Three areas for improvement were assessed as having been addressed, one area for improvement in relation to audit was not met and has been 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 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. 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 who were able to share their opinions on life in the home said or indicated that they were well looked after. Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Patients told us that staff offered choices to them 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.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires.

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. Discussion with the manager and a review of a sample of records evidenced that a system was in place to ensure recruitment checks were undertaken prior to staff commencing in post; the manager confirmed that an induction is undertaken with staff.

At times, to maintain safe staffing levels, the home requires the use of agency staff; induction records were not available for review, an area for improvement was identified.

Staff told us that the patients needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

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 patients. A handover record was available containing pertinent patient details. Discussion with staff and a review of records evidenced that a system was in place to ensure changes to patients assessed needs were updated on the handover record in a timely manner.

Staff were skilled in communicating with patients; they were respectful, understanding, and sensitive to patients' needs. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

It was observed that some bedrooms were missing a call bell lead; this was discussed with the management team for immediate review; an area for improvement was identified.

Discussion with staff confirmed that a falls protocol was in place and staff were able to describe the actions to take in the event of a fall. An up to date falls trend analysis was not available for review, this was discussed with the management team for immediate review; see section 3.3.5 pertaining to governance.

Patients' weights were not always checked at least monthly to monitor weight loss or gain; an area for improvement was identified. The management advised that the patient weighing scales had been out of commission for a number of months, and at the time of the inspection there was no timescale in place for repair of replacement of the scales; contingency measures were discussed with the management team; two areas for improvement were identified and see section 3.3.5 for further detail regarding audits.

Good nutrition and a positive dining experience are important to the health and social well being 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 experience was an opportunity for patients to socialise, the atmosphere was calm, relaxed and unhurried. A menu was in place informing patients and visitors of meal choices available; patients were enjoying their meal and dining experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks and how to care for patients' during mealtimes. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. A number of patients said how much they enjoyed their lunch; comments included "just lovely" and "plenty".

Arrangements were in place to meet the patients' social, religious and spiritual needs within the home. Activities were provided which involved both group and one to one activities. Staff understood that meaningful activity was not isolated to the planned social events or games. The activity schedule was available, and it was positive to see that the activities provided were varied to include group and individual sessions, for example book club, games and pamper sessions.

3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff 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.

Care records were in general person centred and regularly reviewed; where gaps were identified in relation to the use of a call bell by the patient; a discussion took place with the management to review the records and update accordingly; an area for improvement was identified.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and welcoming. For example, patients' bedrooms had varying degrees of personalisation to reflect the patient's individuality. Bedrooms and communal areas were suitably furnished, warm and comfortable; it was noted that one chair did not have the complementary seat cushion. This was discussed with the management team for immediate review an action as appropriate. There was evidence of ongoing refurbishment to the home to include, for example, painting and decorating.

It was observed that some wheelchairs were in need of repair due to wear and tear, an audit was not available for review; the management agreed to review and action as appropriate; see section 3.3.5 for further detail pertaining to audits.

Fire safety measures were in place and corridors were clear of clutter and obstruction of fire exits were also maintained clear.

Staff were observed to carry out hand hygiene and to use PPE in accordance with the regional guidance. It is necessary to have policies and procedures pertaining to the monitoring of the environment and staff practice in regards to infection prevention and control (IPC), this is discussed further in section 3.3.5.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Perpetua Latta has been the Manager in this home since April 2005.

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

The previous inspection had identified an area for improvement regarding, the type and regularity of governance audits; whilst it was positive to note that there was evidence of auditing across some aspects of care and services provided by the home; other audits for example, the weight audit, handwashing audit and falls trend analysis were not up to date; additional gaps were also seen in the consistency of some of the other audits reviewed. Audits should be conducted on a regular basis and reflect the current status of the home and evidence completion of associated action plans to drive the necessary improvements.

The governance systems were discussed with the management team, who provided assurance that that the auditing systems would be reviewed and addressed; the previous area for improvement has been stated for a second time.

There was evidence that the management team responded to any concerns raised with them or by their processes.

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	1*	6

* 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 the management team, 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 17 (1) **Stated:** Second time	The registered person shall ensure that a robust regular system of governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice. Ref: 3.3.5
To be completed by: 16 November 2025	**Response by registered person detailing the actions taken:** Continued compliance in all aspects of governance audits will be monitored and reviewed on a monthly basis with the Home Manager. This includes but not limited to infection control, hand hygiene and environmental audits
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 39 **Stated:** First time	The registered person shall ensure that agency staff are provided with an induction to the home prior to commencing shift, with appropriate records retained for review. Ref: 3.3.1
To be completed by: 16 October 2025	**Response by registered person detailing the actions taken:** Induction for agency staff has been completed and records retained in the home. Compliance will be monitored on a monthly basis
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that a risk assessment is completed with patients, and call bells provided in accordance with their assessed need. Ref: 3.3.2
To be completed by: 16 October 2025	**Response by registered person detailing the actions taken:** Staff will ensure risk assessments for use of call bell and compliance will be audited on a monthly basis
Area for improvement 3 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure patients weights are monitored and if weight loss or gain is noted, staff should review to ensure nutritional needs are met. Ref: 3.3.2

To be completed by: 16 October 2025	**Response by registered person detailing the actions taken:** This has been discussed with staff and monthly or weekly weights will be carried out as per individual residents needs. Weights will be audited on a monthly basis and relevant actions followed up.
Area for improvement 4 **Ref:** Standard 47 **Stated:** First time **To be completed by:** 16 October 2025	The registered person shall ensure that the home has access to an appropriate calibrated set of weighing scales for patient use. Ref: 3.3.2
	Response by registered person detailing the actions taken: Weighing scales will be calibrated annually or earlier if needed. Any concerns with will be reported to the Senior Management team. Service and calibration certificates will be retained in the home and checked as part of the monthly Reg 29 inspections
Area for improvement 5 **Ref:** Standard 47 **Stated:** First time **To be completed by:** 16 November 2025	The registered person shall ensure that a system is in place to ensure equipment is maintained in good working order and where deficits are identified, a contingency plan should be put in place with immediate effect This refers but not limited to weighing scales for patient use. Ref: 3.3.2
	Response by registered person detailing the actions taken: All equipment will be serviced and maintained as per service contracts. Certicates will be retained in the home and checked on a monthly basis. Any concerns will be reported to the Senior Mangament Team
Area for improvement 6 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 16 October 2025	The registered person shall ensure that patients who are assessed as unable to effectively use a call bell, have appropriate measures put in place to ensure their safety is maintained, and assistance is provided in a timely manner. The measures should be person centred, care planned and reviewed as necessary. Ref: 3.3.3
	Response by registered person detailing the actions taken: All residents who are unable to use call bell will have specific measures put in place to ensure safety. Specific needs will be care planned - this includes bed/seat alarms, low profiling beds and regular documented checks by staff. Compliance will be monitored on a monthly basis

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews