

Inspection Report

Name of Service:	Ratheane Private Nursing Home
Provider:	Ratheane
Date of Inspection:	4 November 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Ratheane
Responsible Person(s):	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 registered residential care home which occupies the same building which has separate management arrangements.</p>	

2.0 Inspection summary

An announced pre-registration estates and care inspection took place on 4 November 2025, from 10.10 am to 12.00 pm in connection with the Variation Application reference number VA013117.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (April 2015).

The estates inspector reviewed the building services maintenance records, test certificates and associated documents, and completed a review of the building fabric & finishes.

The care inspector reviewed the bedrooms, furnishings training records and discussed the planned staffing.

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.

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 that new staff had been recruited to ensure safe staffing in the new unit and dementia awareness and safety intervention training had been completed by a number of staff with further dates arranged.

3.3.2 Quality and Management of Patients' Environment

Review of the two proposed dementia nursing units identified that the new rooms were well-decorated and furnished for patient use, with dementia friendly colours and scenes.

Storage spaces were available throughout the two units. A nurse's station requires a computer system, telephone, and nurse call leads were required in a number of rooms. This was brought to the attention of the manager and was put in place immediately.

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.

Established systems were noted to be in place for the assessment of patients' needs, provision of care documents and regular review of care documents. Patients care records were held confidentially.

3.3.4 Quality of Management Systems

An established system for reviewing the quality of care, other services and staff practices is in place in the home including oversight audits.

An updated Service User Guide and Statement of Purpose were received and reviewed prior to the inspection and included up to date information regarding the home.

3.3.5 Categories of Care

Review of the current occupancy of the home identified that the majority of patients required care under the category of NH-I, NH-PH and NH-PH(E). The home's occupancy on the day of inspection was 40 patients.

Due to the over occupancy under the NH-I, NH-PH and NH-PH(E) categories of care we were unable to register the proposed 23 NH-DE beds.

3.3.6 Estates inspection findings

The additional accommodation was found to have been constructed, decorated and presented to a high standard, and suitably furnished throughout. The bedrooms, en-suites and all communal spaces were found to exceed the current Department of Health (DoH) Care Standards with regards to area and critical dimensions.

A range of documents relating to the commissioning and maintenance of the premises mechanical & electrical engineering installations, were presented for review. This documentation included various inspection and test reports, including for the fire detection system, emergency lighting installation, and portable fire-fighting equipment.

The current fire risk assessment, undertaken by a suitably accredited fire risk assessor, rated current fire safety within the premises as 'Tolerable'. Fire safety maintenance and test records verified that the premises physical fire safety installations had been suitably commissioned and were being appropriately maintained.

A current legionella risk assessment was in place, and this had been revised to include the additional accommodation. Suitable control measures have been implemented and are currently being maintained by the provider. All seldom used water outlets are flushed in accordance with the water safety risk assessment by staff within the home.

4.0 Quality Improvement Plan/Areas for Improvement

No new areas for improvement were identified during this inspection. Previous areas for improvement have been carried forward for review at future inspections.

	Regulations	Standards
Total number of Areas for Improvement	2*	5*

* The total number of areas for improvement includes two under the regulations and five under the standards, which are carried forward for review at future inspections.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Claire Wilkinson, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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	The Responsible Individual shall ensure cleaning chemicals are kept secure at all times. Ref: 5.2.3 and 3.3.4
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 2 Ref: Regulation 14 2 (a) Stated: First time To be completed by: 16 May 2025	The Responsible Individual shall ensure dietary supplements are stored securely. Ref: 3.3.4
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
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	The Responsible Individual shall ensure patients are repositioned and records accurately maintained as directed in their care plan. Ref: 3.3.3
	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. Ref: 2.0
Area for improvement 2 Ref: Standard 44 Stated: First time	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. Ref: 3.3.4

<p>To be completed by: 15 June 2025</p>	<p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p>	<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>To be completed by: 20 May 2025</p>	<p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</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>To be completed by: 20 May 2025</p>	<p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</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>To be completed by: 20 May 2025</p>	<p>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.</p> <p>Ref: 2.0</p>

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