The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ardlough**

Provider: **Ann's Care Homes**

Date of Inspection: **2 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:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mr Mark Collins

Service Profile –
This home is a registered nursing home, which provides nursing care for up to 44 patients with dementia and mental health. The home is divided into two units over two floors and includes communal lounges, dining spaces and access to an outdoor area.

2.0 Inspection summary

An unannounced inspection took place on 2 September 2025, from 9.50 am to 4.30 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 11 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 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 all areas for improvement were assessed as having been addressed by the provider. 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. 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 they were happy in the home, staff were "good to them", "the food is good" and they have no concerns. One patient said there was a lack of choice of meals and this is discussed further in section 3.3.2.

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.

Patients explained that they could have birthday parties with family/friends in their room of one of the lounges, could go out to other activities in the community.

Staff were complimentary about the support from the manager, had no concerns about staffing levels and said the staff worked well as a team.

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 teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that the number and skills of the staff on duty met patients' needs.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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.

Patients looked well care for and were observed to enjoy friendly interactions with staff. Staff were chatty and polite to the patients.

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 seen 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 and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. 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.

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

While most patients indicated they were happy with the meals provided, one patient said that there could be more choice of meals offered particularly with desert.
This was brought to the manager's attention for her review and action is required. This will be reviewed at the next inspection.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, nail care in the morning and games in the afternoon,

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. 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.

3.3.4 Quality and Management of Patients' Environment Control

The home was, tidy and welcoming with general information about staff, processes in the home and planned events displayed on noticeboards, however, some areas of the home required maintenance or repair; for example, a pipe cover, sink surrounds, an armchair and a rusted bathroom radiator. An area for improvement was identified.

A number of items in the home required cleaning including, bed linen, furniture, alarm and fall out mats, hoists and paper towels were not available in several rooms. This was discussed with the manager and an area for improvement was identified.

A corridor leading to a fire exit was observed to be partially obstructed due to storage of chairs and boxes. This was brought to the manager's attention for immediate action and an area for improvement was identified.

Staff were observed washing their hands correctly and at appropriate times and to use PPE inappropriately which is good practice.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Mark Collins has been the manager in this home since 3 May 2023.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

Patients 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	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Mark Collins, 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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure the home is well maintained including damage to a pipe cover, sink surrounds, an armchair and a rusted bathroom radiator. Ref: 3.3.4
	Response by registered person detailing the actions taken: An Environmental audit is completed monthly alongside twice weekly walkabout audits. The identified pipe cover has been covered, identified sink surrounds have been assessed by the maintenance manager and are in process of ordering. Patches have been applied to the tears on identified armchairs and the bathroom radiator has been painted.
Area for improvement 2 **Ref:** Standard 44.1 **Stated:** First time **To be completed by:** 3 September 2025	The registered person shall ensure that the home is kept clean. This is in relation to unclean bed linen, furniture, alarm and fall out mats, hoists and paper towels were which were not available in several rooms. Ref: 3.3.4
	Response by registered person detailing the actions taken: A Housekeeping audit is completed monthly alongside walkabout audits twice weekly. Housekeeper observes the stock of paper towels and orders on a weekly basis. Decontamination records in place for fallout mats, furniture and hoists. Daily records on Goldcrest now include the change of bed linen.
Area for improvement 3 **Ref:** Standard 48 **Stated:** First time **To be completed by:** 3 September 2025	The registered person shall ensure all fire exits are kept free from obstruction. Ref: 3.3.4
	Response by registered person detailing the actions taken: The identified obstruction was removed the same day of inspection. The Maintenance Person completes daily checks regarding fire exits, all staff in the building are trained in fire safety and all responsible for the ensuring fire exits remain clear.

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

The Regulation and Quality Improvement Authority

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