

Inspection Report

Name of Service: Moneymore
Provider: Ann's Care Homes
Date of Inspection: 19 June 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:	Mrs Wendy McMaster
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 41 patients requiring general nursing care. The home is divided into two units; Springhill and Carndaisy. The home is situated over one floor with access to communal lounges, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 June 2025, between 9.30 am and 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 14 June 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 two Standards identified 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. 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 staff were very good to them, the home was clean, the food was very good and they enjoyed taking part in the activities or just spending time in their rooms.

Visitors said that there were enough staff around if needed, they were kept well informed of any change to their relatives' condition and were happy with the care provided.

Staff were complimentary about the support from the manager, the training provided, the team work and had no concerns about patient care.

We received completed questionnaires following the inspection from patients. The returned questionnaires were positive and showed that patients felt safe and well cared for in Moneymore. One patient said they would like better communication between the home and patients. This was shared with the manager for her review.

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.

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.

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

A record was kept of the completion of staff supervision and appraisal for their roles and responsibilities. Supervision records showed that staff had not received one to one supervision within the last six months. An area for improvement was identified.

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

While staff meetings were taking place, more detail was required in the minutes of these meetings. This was discussed with the manager and will be reviewed at a future inspection.

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 showed they were knowledgeable of individual patient 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.

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 and care records accurately reflected the patients' assessed needs.

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.

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. It was observed that cold drinks were being served from teacups with the lunch time meal. This was discussed with the manager for her review for choice for patients.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. Patients, however, had to wait for up to 45 minutes for their meal to be served once seated at tables. This was discussed with the manager for her assessment and will be reviewed at a future inspection.

Observation of the planned activity, ball games, 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, and generally well maintained, however, review of wound care records identified that not all wound dressings were completed regularly as directed in individual care plans. This area for improvement has been stated for a second time.

3.3.4 Quality and Management of Patients' Environment Control

On arrival at the home a visitor sign-in book was available, however this was full leaving no opportunity for visitors to complete. This was brought to the manager's attention, who addressed this.

The home was, tidy and warm, however, maintenance or repair was required to areas of the home such as furniture, sink surrounds, window surrounds and a faulty light. An area for improvement was identified.

Additional cleaning was required to items, for example; a shower chair was unclean and wipes and toilet roles were observed to be stored on toilet cisterns. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Wendy McMaster has been the manager in this home since 22 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, however actions resulting from the environment and IPC audits were not always signed and dated as completed. An area for improvement was identified.

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 or the quality of services provided by the home.

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

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed, however, where action plans for improvement were put in place, these were not always signed and dated to show this had been completed. This was discussed with the manager and it was agreed that this would be updated and completed for all future reports.

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	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Wendy McMaster, 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: 19 June 2025</p>	<p>The registered person shall ensure that patients who require wound care have a care plan in place detailing the type of dressings to be used and the frequency of renewal which is reflective within wound assessment charts.</p> <p>Ref: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: All care plans for current wounds have been audited and I can confirm that the care plans reflect the type of wound dressing used and the frequency of renewal. This is also reflected on the wound assessment chart. The Home Manager continues to audit the documentation on a weekly basis to ensure compliance in this area.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall ensure all staff receive individual one to one supervision no less than every six months.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Individual 1:1 supervisions have commenced. There is a planner in place to ensure that 1:1 supervision is captured on at least a 6 monthly basis for each staff member which will be updated as each 1:1 supervision session has taken place..</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2025</p>	<p>The registered person shall ensure that the home is maintained and remains suitable for its purpose. This is in relation to furniture, sink surrounds, window surrounds and a faulty light.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The environmental audit has been updated to include the areas identified during inspection. The faulty light has been repaired and an action plan has been developed to include a time frame for the repairs of the areas identified.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure the environment is managed to reduce the risk of the spread of infection. For example; an unclean shower chair and wipes and toilet rolls were observed to be stored on toilet cisterns.</p> <p>Ref: 3.3.4</p>

<p>To be completed by: 20 June 2025</p>	<p>Response by registered person detailing the actions taken: The Environment have been reviewed and the identified infection control risks have been removed. There have been supervisions completed with all staff in respect of the infection control risks identified. Nurses, Deputy Manager and Home Manager will monitor this on a daily basis.</p>
<p>Area for improvement 5 Ref: Standard 35 Stated: First time</p>	<p>The Registered Person shall that actions resulting from the environment and IPC audits are signed and dated as completed to show these have been addressed. Ref: 3.3.5</p>
<p>To be completed by: 30 June 2025</p>	<p>Response by registered person detailing the actions taken: Audits have been developed to demonstrate a clear date for completion and signed off to demonstrate actions have been completed. The Home Manager and Deputy Manager will monitor this on a weekly basis.</p>

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