

Inspection Report

Name of Service: Aughnacloy House

Provider: MD Healthcare Ltd

Date of Inspection: 30 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 Constance Mitchell
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 71 patients. General nursing care is provided on the ground floor and patients living with dementia are cared for on the first floor. Patients have access to communal dining, lounge areas and outdoor space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2025, between 10.00 am to 5.00 pm by a care inspector.

The inspection was undertaken to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 17 January 2025.

Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection, all areas for improvement were assessed as having been addressed by the provider. Full details can be found in the main body of this report.

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 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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

A visiting professional spoken with during the inspection commented positively regarding the overall provision of care and communication from staff.

Following the inspection, questionnaire responses received from relatives indicated they were satisfied with the care and services provided in Aughnacloy House. Comments included "excellent". There were no responses received from the online staff questionnaire within the allocated timeframe.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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

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 the patients. A handover record was available containing pertinent patient details.

Discussion with management 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.

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.

At times, some patients may require the use of equipment to assist them in moving from one room to another. Observation and a review of a sample of records evidenced staff practice was consistent with the patient's assessed needs.

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 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. It was observed that patients were enjoying their meal and their dining experience. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids 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.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games. The activity schedule was on display, and it was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals.

Staff were observed interacting with patients and engaging in communication applicable to the patient's needs. Patients who preferred to remain private were supported to do so and had opportunities to listen to music, watch television or engage in their own preferred activities.

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. Discussion with staff and review of a sample of records confirmed, care plans were developed in a timely manner to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred and regularly reviewed to ensure they continued to meet the patients' needs.

The previous inspection had identified an area for improvement pertaining to the storage of confidential patient information in identified areas of the home. This was reviewed, and evidenced that additional measures had been implemented to the first floor nurses' station to ensure patient records were held confidentially. The additional measures included decorative trellis and faux flowers; a discussion took place with the management to undertake a risk assessment of the additional measures and retain appropriate records.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained with no malodours. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Observation noted no evidence of inappropriate storage in a sample of ensuite bathrooms.

There was evidence of ongoing refurbishment to the home to include for example painting and decorating. Discussion with the management team confirmed a refurbishment plan was in place and reviewed on a regular basis.

A review of a sample of rooms evidenced wardrobes were adequately secured to the wall. Discussion with management confirmed that they had undertaken a review of relevant rooms to ensure that wardrobes were adequately secured.

Observation noted that rooms containing potential hazards to patients were secured and processes were in place to reduce access to at risk items to include denture cleaning tablets and staff cleaning trolleys.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records kept. Assurance was provided by management that inconsistencies in staff practice would be reviewed and actioned as appropriate.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Constance Mitchell has been the manager in this home since 12 February 2015.

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. The previous inspection had identified an area for improvement pertaining to care record audits. A review of records and discussion with management, evidenced that a system was in place to ensure identified actions were reviewed and addressed in a timely manner.

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 the quality of services provided by the home.

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

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.



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