

Inspection Report

Name of Service: Rush Hall

Provider: Ann's Care Homes

Date of Inspection: 22 July 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:	Ms Emma McNeill - not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 66 patients. The home is divided into four units. The Hunter and Brighter suites are situated on the ground floor and provide care for people living with dementia; the Binevenagh and Roe suites are situated on the first floor and provide general nursing care. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 22 July 2025, from 9.45 am to 6.30 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

An Inspection Support Volunteer (ISV) was present during this inspection and their comments are included within the report. An ISV is a member of the public who will bring their own experience to our inspections and help us to assess what it is like to live in the home.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was 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.

Areas for improvement were identified a result of this inspection. Full details 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.

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 they were well looked after. Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Patient comments included "the staff are excellent" and "the staff are very good".

Staff spoken with said that Rush Hall was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team was approachable and they thoroughly enjoyed working in the home. Some individual comments were shared with the manager to address.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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.

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, review of the duty rota evidenced the use of correction fluid and a number of alterations had been made to the duty rota which were observed not made in line with best practice guidance. An area for improvement was identified.

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).

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

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 cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

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.

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 and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

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 confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising. The dining experience was an opportunity for the patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The daily menu was displayed in both dining rooms; it was suggested to the manager that the menu display in the dining room downstairs should be reviewed so that it is more user friendly for the patients using this dining room. The manager agreed to review this menu. Patients commented positively about the food in Rush Hall; they told us “the food is good” and “the food is ok and warm enough”.

The importance of engaging with patients was well understood by the manager and staff. The home employ two dedicated activity staff members. However, it was observed that there was no activity schedule on display to advise patients of any planned activities or events. A further review of activity records identified gaps in the frequency of activities provided to patients and that often the activity staff members were providing hair and beauty care to the patients. A number of patients commented that the “days are long” and there was “not much to do”. This was discussed with the manager and areas for improvement were identified.

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.

A number of patients were unable to use the nurse call system due to various reasons including; cognitive impairment. Review of care records did not evidence that an appropriate care plan was in place to outline the reason why a call bell was not in use, nor was there any outline of supervision arrangements of these patients. This was discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients’ Environment

Examination of the home’s environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was clean, warm and comfortable. Patients’ bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

Review of records and observations confirmed 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 a change in the management of the home since the last inspection. Ms Emma McNeill is the acting manager in this home since March 2025.

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. 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/or the quality of services provided by the home.

The quality of the monitoring of patients' weight audit was discussed with the manager; a regular audit was in place however; the audit did not include individual patient focused action plans. An area for improvement was identified.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment.

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

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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 23 July 2025	<p>The Registered Person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Off duty is printed/reprinted and signed/dated by home manager. Any changes or amendments made by hand are signed by the manager or senior staff member making the change. Staff have been reminded that Tippex is not permitted and should not be used on any off duty pages. HM and admin are aware that a staff members full name should be written on the off duty.</p>
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 23 July 2025	<p>The Registered Person shall ensure arrangements for the provision of structured activities is in place.</p> <p>Activities must be an integral part of the care process with daily progress notes reflecting activity provision and patient engagement.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Discussed meaningful activities with activity therapists and directed them to websites which would have a variety of ideas for positive engagement. Activities such as flower arranging, painting, arts and crafts, armchair travelling, music, bus trips, walks outside, bingo, crosswords and puzzles, reminiscence therapy have now been taking place with positive feedback. Performance management plan to be created with activity therapists regarding documentation and care plans, which will include appropriate and meaningful documentation and reflection on how the resident interacted in the activity.</p>
Area for improvement 3 Ref: Standard 11 Stated: First time To be completed by: 23 July 2025	<p>The Registered Person shall ensure an activity schedule is displayed.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Discussion had with activity therapist regarding creating a plan for more meaningful activities within the home. An activity planner was created and displayed around the home the day after</p>

	inspection. Activity therapists will renew the weekly planner at the start of each week and organise activities based on what residents have requested. The home manager will check this weekly to ensure it is in place and audit activities using the company TRaCA.
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 23 July 2025	The Registered Person shall ensure that care records for the use of nurse call bells are in place including the actions required for those patients who are unable to use call bells. Ref: 3.3.2 Response by registered person detailing the actions taken: Call bells were replaced for those who were missing one. In the instance where a resident is unable to use a call bell, we have amended their care plans to reflect this. In the absence of a call bell where a buzzer mat is used instead we have updated their care plans to reflect this. Call bells are checked in rooms monthly by maintenance staff to ensure they are working correctly and HM walkabouts will cover checking they are in place and operational also.
Area for improvement 5 Ref: Standard 35 Stated: First time To be completed by: 31 July 2025	The Registered Person shall ensure that the patient weight audit evidences an individual patient centred action plan. Ref: 3.3.5 Response by registered person detailing the actions taken: Monthly managers weight audit has been implemented for any residents with weight loss of BMI of 30 or less and a loss of 2kg or more in last month or BMI of 20 or less and loss of 1kg or more in last month. Reviewing this includes any input from GP, dietitian, if fortnightly weights have been implemented, food and fluid records completed, care plan in place, risk assessment updated, food fortification implemented etc.

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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