The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ardmaine Care Home**

Provider: **Healthcare Ireland No 2 Ltd**

Date of Inspection: **24 February 2026**

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:	Healthcare Ireland No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Alice Cousins – not registered
Service Profile: This is a registered nursing home which provides nursing care for up to 65 patients. The home is divided into two units. Bronte unit accommodates patients living with dementia and is located on ground floor level. Mourne unit provides general nursing care and is located on the first floor. There are a range of communal spaces, including dining rooms, lounges, and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 24 February 2026 from 10 am to 5.20 pm by two care inspectors.

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 30 September and 1 October 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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. Refer to Section 3.2 for more details.

As a result of this inspection 16 areas for improvement were assessed as having been addressed by the provider. One area for improvement was assessed as partially met and was stated for a second time. 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 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

Due to the nature of dementia, some patients were unable to fully express their views about living in Ardmaine Care Home. However, these patients looked comfortable in their surroundings and gave non-verbal cues to their wellbeing. For example, smiling or engaging in eye contact.

Patients spoken with said that they were content with the care and services provided in the home. One patient said, "I feel well cared for…I feel protected…the manager would brighten your day."

Relatives spoken with said that they were generally satisfied with the care provided in the home. Relatives confirmed that they were kept up to date with any changes to their loved one's care needs and that visiting arrangements were working well.

Some relatives said that, while they were "overall happy", they felt some improvements could be made. One relative talked about minor issues not being fully addressed by the home, and that these issues would reoccur even if the relative brings them to the attention of staff. Another relative said that they felt staff needed more training in relation to communication and approaches with patients living with dementia. This relative also talked about staff not paying attention to detail such as putting a television or radio on for a patient who spends all their time in their bedroom, or not taking the time or orientate patients to mealtimes or the time of day.

Some relatives commented that they were aware of changes in the management of the home and were hopeful that a consistent manager would fully resolve any outstanding issues.

No relative / patient questionnaires were received following the inspection.

Staff spoken with said that they were happy working in the home. Some staff spoke about recent instability with the management arrangements of the home and expressed how the high turnover in managers over the last two years had impacted on their work and the care of patients. Staff said that there had been good improvements in the home since the last inspection and were very hopeful that the current manager would be a stabilising force in the home. Staff spoke in positive terms about the manager Alice, "she is nice…easy to talk to."

Staff spoke about the improvements in the environment and said that not only was it easier to keep clean but was a more pleasant place to work. Some staff said that they would like more face to face training, especially on topics such a dementia.

Following the inspection, RQIA received one staff survey response. This respondent indicated that they were satisfied that the care provided in Ardmaine Care Home was safe, effective, and delivered with compassion. They also said that the home was well led. Comments included, "We have found it tough…with change of manager every few months…Alice has settled well and will continue to do so. Changes implemented seem to be working. Staff are aware of roles…a lot more accountability and responsibility taken by management…thankfully we seem to be heading on the right track. Most importantly residents' needs are being met and staff are working to ensure it stays that way."

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 systems in place to manage staffing.

There was a system in place to monitor relevant staffs' professional registration status with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). A previously identified area for improvement was assessed as having been addressed.

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.

Review of records and discussion with staff evidenced that staff had received basic awareness training in dementia care, and since the last inspection a number of supervisions had taken place in relation to communication with patients. However, staff had yet to receive any additional bespoke training in relation to dementia care and staff working in the home for a number of years told us that they had never received any face to face training in dementia care. The management team confirmed that training had been organised for all relevant staff in relation to communication and approaches in dementia care and that this would be face to face.

A previously identified area for improvement was assessed as being partially met and was stated for a second time.

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. Discussion with staff and review of records evidenced that staff and management held regular flash meetings / safe care huddles, throughout the day to ensure good communication across the team and changes in patients' needs.

Staff were observed to be polite and professional during interactions with patients and each other.

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 nurses confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. 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.

A structured observation of the lunch time meal was completed in the Bronte unit. Staff were observed to provide the appropriate levels of support for patients to eat and drink safely. Some interactions were seen to be warm and respectful. For example, one patient looked tired and sleepy at the start of the meal and a care assistant used gentle touch and tone and repeated the patient's name to encourage them to prepare for the meal.

The majority of staff interactions were neutral in nature. That is, staff would simply inform patients of something with no definitive positive of negative impact. For example, placing the meal in front of the patient and informing them it was there. The management team confirmed that approaches in dementia care would be included as part of the bespoke training arranged for staff.

Since the last inspection a number of improvements had been made in relation to the mealtime experience. For example, staff received training and supervision session relating to patients with swallowing difficulties, a consultation exercise had been conducted to get patient and relative feedback about the food, there were regular dining audits conducted, and meals leaving the dining room were appropriately covered in line with food hygiene standards. A number of previously identified areas for improvement were found to be met.

It was noted during the inspection that there was a system in place for patients to choose their main meals. However, it was unclear how this information was communicated to the kitchen team. The kitchen records for meal choice had not been updated in the days prior to the inspection and discussion with staff confirmed that this system did not always work as planned. This was discussed with the management team who gave assurances that kitchen staff would be informed of meal choices and given adequate time to prepare patients' choices. This will be reviewed again at the next care inspection.

Observation of the mealtime, discussion with staff and review of records indicated that patients on modified diets requiring special food consistency did not always have choice of meal. An area for improvement was identified.

Shortfalls were identified in relation to denture care. It was noted a patient had a prolonged period of time without their dentures in place. This resulted in changes to the patient's needs. Review of records and discussion with staff evidenced a delay in referring the patient to a dentist. A relative of another patient had previously raised concerns about denture care. An area for improvement was identified.

The home had a dedicated activity co-ordinator who planned out weekly activities for patients.

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 and a previously identified area for improvement was met.

The management of patient food allergies was reviewed and inconsistencies were found in relation to documentation. While there was some record of food allergies and staff were aware of these, there was no clear care plans in place to document how the allergy presents and what actions staff should take in the event of a reaction. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, warm and tidy. Since the last inspection a number of environmental improvements were noted. For example, some new furnishings, new flooring, some areas had been redecorated, and all communal toilets were in working order. There was a detailed refurbishment plan in place with clear expected completion dates to ensure that improvements continued. A number of previously identified areas for improvement relating to the environment were assessed as met.

It was positive to see that additional signage had been erected to help patients and visitors with way finding around the home.

Communal areas were clean and accessible to patients and visitors. A previously identified area for improvement was met.

Cleaning stores and chemicals were appropriately stored. It was noted that the lock for one sluice room was faulty. This was brought to the attention of the management team who took immediate action to replace the lock.

A number of minor issues were identified in the environment. For example, some pull cords not covered. There was inappropriate storage of continence aids, toothbrushes, and wheelchairs in patients' bedrooms. One identified hoist was not properly cleaned, and adhesive tape was being used in parts of the home. These points were discussed with the management team who provided written assurances following the inspection that all issues had been addressed.

Measures were in place to reduce the risk of the spread of infection. Staff were seen to practice hand hygiene, were bare below the elbows, and used personal protective equipment (PPE) correctly. There was a system in place to monitor infection prevention and control (IPC) and staff compliance with best practice through regular auditing.

Fire safety measures were in place. Fire doors and exits were free from obstruction and fire extinguishing equipment was accessible. Staff were trained in fire safety. The most recent fire risk assessment was completed on 23 October 2025 and any recommendations made by the assessor had been addressed by the provider.

3.3.5 Quality of Management Systems

There had been changes in the management of the home since the last inspection. Mrs Alice Cousins was appointed manager on 1 February 2026, but was not yet registered with RQIA.

Records showed that the manager had completed an initial induction to the role and confirmed that she was supported by the organisation's senior management team.

Staff spoke positively about the new manager and said she was available for support and was approachable.

There was evidence that the manager had introduced herself to relatives and patients and records showed that the manager had conducted a number of meetings with staff and relatives.

The RQIA registration certificate was displayed appropriately at the entrance to the home.

Review of a sample of records evidenced that a 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.

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	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Alice Cousins, 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 25.5 **Stated:** Second time **To be completed by:** 29 May 2026	The registered person shall review staffs' knowledge and skills in relation to communication approaches with patients. Shortfalls should be addressed through training, supervision, and monitoring of staff practice. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: The Deputy Manager attended *"Communication Skills to Enhance Therapeutic Relationships"* with CEC on 5/3/2026. The Deputy manager will facilitate workshops with the nursing and care staff working in Ardmaine to disseminate this training across the staff team. Several staff working in the home are engaging in the Health and Social Care Level 3 and Management Level 3 courses which incorporates modules on soft skills regarding effective communication. Home Manager's daily walkarounds monitor communication with staff and residents which includes observations of interaction and conversations with residents throughout the day. The Home Manager is promoting any activity with a resident offers an opportunity for engagement. The Home Manager has discussed with the nursing team the importance of them maintaining oversight of staff communication with residents, of addressing poor communication and of leading by example. A range of training sessions on communication are being explored with the main union representing staff working in the home. The Home Manager is also continuing to pursue previous requests made to the host Trust for training in this area. Staff working in the home are fully compliant HCI's training.

Area for improvement 2 **Ref:** Standard 12.13 **Stated:** First time **To be completed by:** 25 February 2026	The registered person shall ensure that patients requiring a modified diet are offered choice at mealtimes. Ref: 3.3.2
	Response by registered person detailing the actions taken: Documented supervisions with RGNs, Care assistants and the Kitchen team have all been completed regarding the importance of residents on modified diets being offered a choice. Residents are encouraged to choose their meal and if necessary will be supported by their next of kin or staff to do so. Once completed the meal choice sheets are sent to the kitchen, and the cook prepares the required meal choices. A minimum of two choices will always be available to residents. The meal choice sheet is retained by the kitchen team . Home Manager monitors resident meal choice via her daily walkarounds.
Area for improvement 3 **Ref:** Standard 6.14 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that staff adhere to best practice in relation to denture care. This includes, but not limited to, regular checking and cleaning of dentures, ensuring that patients have their dentures in place every day, timely referral to dental services when required, and clear documentation of denture care. Ref: 3.3.2
	Response by registered person detailing the actions taken: A daily monitoring process is now in place to ensure that residents are supported with oral hygiene and to be wearing dentures (where appropriate). Care plans for Oral hygiene are in place and reviewed monthly or sooner if required. Staff record when oral hygiene has been completed in staff's daily records Presentation of residents and room checks are monitored by Home Manager on daily walkaround. This includes observation of individual residents' oral care presentation and monitoring of denture containers in residents' bedrooms. Referrals for denture and dental care has been completed for those residents requiring same.

Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 25 February 2026	The registered person shall ensure that person centre care plans are in place for patients with known allergies. **Response by registered person detailing the actions taken:** Documented supervisions were completed with RGNs and care assistants regarding patients with known allergies. Person centred care plans are in place to reflect residents with allergies, which details how staff should respond if a reaction occurs. Handovers include the allergy status of each resident. Kitchen team have an allergy folder in place which details residents with food allergies.

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