The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Mahon Hall

Provider: Ann's Care Homes

Date of Inspection: 27 April 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Ms Zoe Lewis
Service Profile – This home is a registered nursing home which provides nursing care for up to 44 patients. Patients' bedrooms are located over two floors in the home and patients have access to a range of communal spaces such as lounges, dining rooms and an enclosed garden/patio area.	

2.0 Inspection summary

An unannounced inspection took place on 27 April 2026 from 9.20 am to 6.15 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.

Patients told us they were happy with the care and services provided. Patients were settled and there was a calm atmosphere in the home. 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 one area for improvement was assessed as having been addressed by the provider. Three areas for improvement have been stated for a second time and one area for improvement has been carried forward for review at a future inspection in relation to medicines management. 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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are friendly and kind", "The staff are brilliant, they are more like family. We can have a laugh" and "You can get anything you ask for."

Staff spoken with said that Mahon Hall was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "Everyone helps and works well together. I like the patients."

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

Healthcare professionals who were visiting the home at the time of this inspection told us that they were happy with the care given to patients. Comments included, "The communication with staff is good and they let us know if they have any concerns" and "The staff are accommodating and will implement our recommendations."

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.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

Many of the staff working in the home did not have name badges to identify who they were and what role they worked in. This was discussed with the manager who confirmed staff should be wearing these and agreed to address this directly with the staff.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Review of a selection of weight loss care plans confirmed that directions regarding the frequency of weighing some patients were not consistently adhered to. An area for improvement was stated for a second time.

Concerns were identified regarding the management of an identified patient's reduced fluid intake over a number of days with care records not clear as to what actions were taken by registered nurses to monitor and address this. This was discussed with the manager who agreed to meet with nursing staff and monitor through their audit systems. An area for improvement was identified.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Concerns were identified in relation to the supervision of patients requiring assistance at mealtimes. It was observed that patients were not appropriately supervised in keeping with their assessed needs and the inspector had to intervene to ensure patients' safety. An area for improvement was identified.

The food served looked appetising and nutritious. Some patients said that they did not enjoy the food they were served and spoke negatively on the food provision. Discussion with the manager confirmed that they were aware of this and they are actively monitoring improvements with patients and catering staff.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as garden walks, external entertainment, seated exercises, arts and crafts, puzzles and movies. Patients said they were looking forward to the upcoming VE day celebrations.

Review of activity records confirmed improvements in record keeping was required. For example, examination of a selection of records confirmed these were repetitive, not person centred and lacking in sufficient detail. There was no evidence that registered nursing staff had oversight of these records. Areas for improvement were identified.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs in a timely manner. Nursing staff recorded regular evaluations about the delivery of care.

Prescribed nutritional supplements consumed by at least two identified patients were not accurately and consistently recorded as part of their food and fluid intake records. This was discussed following the previous care inspection and assurances were given that this would be monitored to ensure compliance with record keeping standards and expectations. In order to drive the necessary improvement, an area for improvement was identified.

Review of care records regarding the delivery of personal care evidenced a number of gaps despite patients being well presented. Details were discussed with the manager regarding the importance of contemporaneous record keeping and an area for improvement has been stated for a second time.

Information relating to patient care and treatment was observed to be accessible in the nurses office's on both floors as the door was unlocked and the room was unsupervised. This was discussed with staff who took necessary action to secure access to the information. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and generally well-maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Multiple beds were found to be dressed with bed linen that was stained, torn or of poor quality. This was discussed with senior management who confirmed that there was sufficient clean bed linen in the home and arranged for the identified bed linen to be changed immediately. An area for improvement was identified.

Concerns about the management of risks to the health, safety and wellbeing of patients were identified. An unlocked sluice room contained cleaning chemicals which were unsupervised in the upstairs unit allowing potential patient access to substances hazardous to health, while the treatment room door in the same unit was unlocked allowing potential access to sharps and medications. This was discussed with staff who took immediate action. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not use personal protective equipment (PPE) correctly or take opportunities for hand hygiene particularly before donning PPE and after contact with patients / the patients' environment. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Zoe Lewis has been the registered manager of this home since 23 February 2021.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly at the time. However, at least two notifiable events had not been submitted to RQIA as required. The manager agreed to notify RQIA retrospectively. An area for improvement was stated for a second time.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

However, based on the inspection findings and review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight/management of care records, IPC practices, accidents and incidents and the home environment. Following discussion with the management team, the necessary assurances were provided of the action to be taken to address these shortfalls. This will be reviewed at a future inspection.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	5*	8*

*The total number of areas for improvement includes one that has been carried forward for review at the next inspection and three that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Zoe Lewis, registered manager, and Mrs Charmaine Hamilton, responsible individual, 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 Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second time **To be completed by:** 27 April 2026	The registered person shall ensure that care plans are followed. This is stated in relation to the frequency of a patient weights being completed. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: We conducted a full review of our weight management by completing a base line weight audit for all our residents. Action was taken in accordance with the analysis, care plans and risk assessments were updated. All care plans and risk assessments were reviewed as part of this audit and all are correct in relation to the frequency of weights. This area was discussed at our recent Nurses meeting and an individual supervision was completed to ensure learning for all our nurses. We have organised MUST training for all our nurses. Compliance with this is monitored via our auditing process and where actions are identified they will be shared with staff.
Area for improvement 2 **Ref:** Regulation 30 (1) (d) (f) **Stated:** Second time **To be completed by:** 27 April 2026	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively. Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: Relevant Reg 30s have been completed retrospectively. Scope of Notification made available to reference to all nurses. This was discussed at our recent Nurses meeting and it was covered under an individual supervision to ensure learning. The Reg 29 process will have secondary oversight to ensure compliance.
Area for improvement 3 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 27 April 2026	The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes. Ref: 3.3.2
	Response by registered person detailing the actions taken: We completed a full review of all our care plans and risk assessments in relation to diet and nutrition and choking risk. A supervision was completed with all nurses and care staff in relation to the safety pause. We allocate a Mealtime Coordinator

	at each mealtime so there is an allocated person to oversee the entire dining process. This staff member ensures that the mealtime is managed appropriately in order to provide a high standard dinging experience. They also ensure that required supervision is allocated, IDDSI levels are monitored before serving and communication is maintained throughout the dining experience. Compliance with this is monitored via our auditing process and where actions are identified they will be shared with staff.
Area for improvement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 27 April 2026	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. A system should be implemented to ensure patients do not have access to cleaning chemicals and the treatment room. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervision regarding the importance of adhering to COSHH guidelines was completed with staff. Face to face training on COSHH has been completed. Compliance with this is monitored via our auditing process and where any actions are identified they will be shared with staff. Our Reg 29 process has a secondary oversight on this.

Area for improvement 5 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 27 April 2026	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4
	Response by registered person detailing the actions taken: Donning and Doffing training video obtained from SHSCT and shared with all staff. Training has been arranged with our ACH trainer and will complete supervision with all staff tcovering correct practice in relation to donning and doffing, the use of PPE and hand washing technique. An infection control link nurse is allocated to assist with monitoring compliance and ensuring IPC policies are followed. The link person will assist with completing infection control audits, PPE and hand hygiene audits, where actions are identified they will be shared with staff.

Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 3 April 2025	The registered person shall ensure that liquid medicines and inhalers are administered in accordance with the prescriber's instructions. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref**: Standard 4.9 **Stated:** Second time **To be completed by:** 27 April 2026	The registered person shall ensure that personal care records are consistently maintained and completed contemporaneously. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Discussed at our nurses meeting the specific areas identified during inspection. Standard 4 completed under supervision with Deputy manager and all registered nurses. All residents have had an additional care file audit complete following the inspection, and care plans and risk assessments have been updated accordingly. Compliance with this will be monitored via our auditing process and where actions are identified they will be shared with staff.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 27 April 2026	The registered person shall ensure that a contemporaneous record is maintained of actions taken and discussions held regarding patients care and treatment. This area for improvement is made with specific reference to management of patients with reduced fluid intake. Ref: 3.3.2
	Response by registered person detailing the actions taken: We conducted a full review of all Resident's fluid target and cross referenced their care plans and associated risk assessments to ensure they are reflective of same. Supervision completed with all registered nurses on what action to take when targets are not met. Discussed at RN meeting. Compliance with this will be monitored via our auditing process and where actions are identified they will be shared with staff.
Area for improvement 4 **Ref:** Standard 11 **Stated:** First time	The registered person shall ensure that a comprehensive and person centred record of the activities delivered is retained. Ref: 3.3.2

To be completed by: 27 April 2026	**Response by registered person detailing the actions taken:** Supervision held with Personal Activities Lead to ensure records are comprehensive, detailed, person centred and reflective of the activity delivered. Compliance with this will be monitored via our auditing process and where actions are identified they will be shared with staff.
Area for improvement 5 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 27 April 2026	The registered person shall ensure that activity care plan evaluations evidence oversight of activities delivered by registered nursing staff. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Discussed at Nurses meeting the specific areas identified during inspection. Standard 4 completed under supervision with Deputy manager and all registered nurses. Care file records have been reaudited for all residents to ensure that records are person centred and detailed. Compliance with this is being monitored using our auditing system and where actions are identified they will be shared with staff.
Area for improvement 6 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 27 April 2026	The registered person shall ensure that nutritional supplements consumed by patients are recorded as part of their food/fluid intake records. Ref: 3.3.3 **Response by registered person detailing the actions taken:** We conducted a full review of all our residents kardex to ensure those prescribed supplements have a food and fluid intake chart allocated for completion. We then cross referenced care plans and associated risk assessments ensuring they are reflective. Supervision completed with all registered nurses and discussed at our nurses meeting to share learning. Compliance with this will be monitored using our auditing system and where actions are identified they will be shared with staff.
Area for improvement 7 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 27 April 2026	The registered person shall ensure that staff lock office doors to ensure patient information is only accessible to those with permission. Ref: 3.3.3 **Response by registered person detailing the actions taken:** Signage placed on doors to remind staff to doors are to be kept locked. Supervision completed with staff on the importance of GDPR. Compliance with this is being monitored using our auditing system and where actions are identified they will be shared with staff. The Reg 29 process has an additional oversight of this.

Area for improvement 8 **Ref:** Standard 44.1 **Stated:** First time **To be completed by:** 27 April 2026	The registered person shall ensure bed linen and clothing is of good quality and changed when required. Ref: 3.3.4
	Response by registered person detailing the actions taken: Home Manager completed a full review of all linen and continues to order as required. The housekeeper also has secondary oversight of this. This is being monitored by the Home Manager using our auditing system.

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

The **Regulation** and **Quality Improvement** Authority

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