

Inspection Report

Name of Service:	Mahon Hall
Provider:	Ann's Care Homes
Date of Inspection:	2 June 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:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Ms Zoe Lewis
Service Profile This home is a registered residential care home which provides health and social care for up to 13 residents who are living with dementia. Residents are accommodated in single bedrooms with ensuite facilities and they have access to communal and dining areas. There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 2 June 2026 from 10.00am to 4pm, 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.

The home was found to be clean and well maintained. Bedrooms were meaningfully personalised with items important to each resident.

Residents reported that there was a good standard of care provided in the home and there was enough staff on duty. Residents also praised the meal provision.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents.

As a result of this inspection one new area for improvement was identified. 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 registration information, and any other written or verbal information received from resident'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

Discussion with residents evidenced that they were satisfied with the care provided to them in Mahon Hall. Comments made included: "This is a good place" "The food is lovely" "There is always something on, in here" and "I am very happy here. The staff are so kind."

Residents advised that they can choose where and how to spend their day and praised the range of activities available in the home.

Two relatives spoken with praised the care provision; "The care in here is good. They are all well looked after and the food is very good" and "My relative is very happy here, they are so well cared for. The staff are very attentive and kind."

Staff spoken with confirmed that there was good teamwork and staff morale was good. Staff reported that the care provided was of a good standard and the residents can get anything they wanted. Staff advised that they were well supported in their roles by all of the management team. Comments included "The residents are safe and well cared for. We all get on well together and help each other out," "I love working here, the residents are so well cared for."

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 residents. There was evidence of robust systems in place to manage staffing.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

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

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

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known.

At times some residents 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 residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to assistance from staff and their diet modified.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

Residents talked about the range of individual and group activities available in the home such as bingo, board games, arts and crafts or hand massage and music activities. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities such as knitting.

During the inspection residents were involved in playing bingo. This was observed to be a fun activity where all the residents were supported to participate and included in the activity.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

It was noted in one care record that a care plan for a resident who smoked needed to be developed. This was discussed with the manager who confirmed that this was discontinued, as it was no longer relevant.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were tastefully personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Corridors were clear and free from obstruction.

The fire safety risk assessment was completed on 23 February 2026 and any recommendations made as a result of this assessment, were signed off, as actioned.

Denture cleaning products were observed in a bedroom. This is a potential risk to residents if accidentally ingested. This was brought to the attention of the manager and removed immediately. This was identified as an area for improvement.

Systems and processes were in place to manage infection prevention and control which included 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. Ms Zoe Lewis is the registered manager of the home.

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

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 in 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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Zoe Lewis, Registered 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 Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 27.8 Stated: First time To be completed by: As from the date of this inspection (3June 2026)	The Registered Person shall ensure that all risks to residents are minimised. This relates specifically to the management of denture cleaning products. Ref: 3.3.4 Response by registered person detailing the actions taken: The importance of safe management of denture cleaning products was shared with staff via supervision. A full review of denture cleaning products was complete, and all products are locked securely in our treatment room. Signage has been put in place in the unit to remind relatives/visitors of the storage guidelines for denture products. This will be monitored via the walkabout audit and where actions are identified they will be shared with staff

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