The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Moneymore

Provider: Ann's Care Homes

Date of Inspection: 20 August 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 Person:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Wendy McMaster
Service Profile – This home is a registered nursing home which provides nursing care for up to 41 patients requiring dementia and general nursing care. The home is divided into two units; Springhill and Carndaisy. The home is situated over one floor with access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced care and pre-registration inspection took place on 20 August 2026, from 9.15 to 5.45 pm by care and estates 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 19 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led. The inspection was also undertaken to assess the application to vary the registration of the home in relation to the creation of an office in the foyer, change of office to a bedroom and expansion of the administration office.

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.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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 spoken with told us that they were happy living in Moneymore, the food was good or excellent and the home was kept clean. Patients raised no concerns about the staffing levels in the home.

Staff were complimentary about the support from the manager, said they received regular training for their roles and were happy with the staffing levels.

A visitor raised concerns about the level of care and rehabilitation of a patient. This was brought to the manager's attention for her review and action if required.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear and food and drink options.

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.

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 patient and staff interactions were friendly and appropriate and staff were available throughout the day when required.

Review of the system to manage the registration of nurses and care staff evidenced that staff were registered with either the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC).

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. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

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.

It was observed that 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.

While patient meetings were seen to be taking place, the minutes of these meetings required actions and follow up. This was discussed with the manager and will be reviewed at a future inspection.

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. While it was established that safe systems were generally in place to safeguard patients and to manage this aspect of care, concerns were identified regarding one identified patient in relation to restrictive practices. This was discussed with the manager and addressed.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids and referral to other health care professionals.

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 lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience. This also confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

The menu displayed to inform patients of the meal choices for the lunch time meal was not accurate. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Observation of activities confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

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.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and welcoming. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Observation of the environment found a number of area which required maintenance or repair; such as, flooring, lighting, and chipped paint. This area for improvement has been stated for a second time.

Areas including some hand towel and toilet roll dispensers required cleaning and hoist slings were observed training on the floor. An area for improvement was identified.

Inspection of bedrooms and a bathroom identified access to razors, cleaning polish and an electrical switchboard. This was brought to the attention of staff for immediate action and area for improvement was identified.

The works undertaken in the home in relation to VA013252, which included a new bedroom and additional office accommodation, had been finished to a high standard.

Documentation presented prior to the inspection and forwarded following the inspection indicated that the premises engineering services and equipment had been installed and commissioned in line with relevant legislation, ACOPs and best current practice guidance.

Local Authority Building Control approval was in place in respect of the internal alterations, and all relevant risk assessments, including for fire and water safety, had been updated to take account of the alterations made to the home.

The new bedroom, office and administration office were all reviewed and found to be well decorated and finished to meet care standards.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Wendy McMaster has been the manager in this home since 22 July 2022.

Patients and staff commented positively about the manager and described her 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. While action for most audits were address, environmental audits did not have all the action included in the action plan. This area for improvement has been stated for a second time.

Patients and their relatives said that they knew who to approach if they had a complaint. A record of complaints were kept in the home.

Compliments which were received were kept in the home and shared with staff.

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	1	4*

* the total number of areas for improvement includes two that have been stated for a second time.

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 20 August 2026	The Registered Person shall ensure cleaning chemicals, razors and electrical switchboards are stored securely. Ref: 3.3.4 **Response by registered person detailing the actions taken:** The cleaning chemical and razors identified were removed on the day of the inspection. A supervision session has been held with care and domestic staff in relation to safe storage of chemicals and razors within this unit. The lock on the electrical switchboard was repaired on the day of inspection. Staff have been made aware via a supervision session to report if any door locks are faulty. Both areas will be monitored by the home manager during walkabouts.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 44 **Stated:** Second time **To be completed by:** 31 August 2026	The Registered Person shall ensure that the home is maintained and remains suitable for its purpose. This is in relation to furniture, sink surrounds, window surrounds and a faulty light. Ref: 2.1 and 3.3.4 **Response by registered person detailing the actions taken:** The faulty light noted on the day of the inspection has been repaired. The home manager has completed a base line audit of furniture, sink surrounds and window surrounds, an action plan is in place. The environemental audit has been updated and will continue to be updated with progress and or completion which will be dated and signed.
Area for improvement 2 **Ref:** Standard 35 **Stated:** Second time **To be completed by:** 31 August 2026	The Registered Person shall ensure that actions resulting from the environment and IPC audits are signed and dated as completed to show these have been addressed. Ref: 2.1 and 3.3.5 **Response by registered person detailing the actions taken:** All areas identified during IPC audits that include the environment has been added to the home's environmental audit, with timeframes for completion. Once an area has been completed the action will be dated and signed by the home manager.

Area for improvement 3 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 21 August 2026	The Registered Person shall ensure that the menus displayed is correct and up to date for each meal time. Ref: 3.3.2
	Response by registered person detailing the actions taken: Supervisions have been completed with care staff in relation to ensuring that the menu for each meal is displayed and must be reflective of the appropraite choice of meals. This is being monitored at each mealtime by the mealtime co-ordinator.
Area for improvement 4 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 21 August 2026	The Registered Person shall ensure hand towel and toilet roll dispensers are kept clean and hoist slings are stored off the floor. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervisions have been completed with care and domestic staff in relation to keeping hand towel and toilet roll holders clean. Cleaning records are being checked on a regular basis and spot checks are being carried out by the housekeeper to ensure there is compliance in this area. Care staff have been reminded of their obligation in relation to adhering to IPC procedures and in particular ensuring that hoist slings are kept off the floor. This is being monitored on a daily basis by the HM and/or Clinical Lead.

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