The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Rush Hall**

Provider: **Ann's Care Homes**

Date of Inspection: **22 September 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 Emma McNeill
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 Broighter 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 September 2026 from 9.25 am to 5.35 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 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.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Full details, including one restated and 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 they described as helpful and friendly. Patients' comments included: "The staff are excellent. If they can do it for you, they will do it. The food is excellent"; "They staff are very good. I couldn't be more content and satisfied. They have made life more easy for me. I take part in the activities and love the knit and chat club" and "I am very well looked after."

Relatives and visitors commented positively about the overall provision of care within the home. Comments from relatives included, "Generally the girls are good and we feel involved in our loved ones care. We have raised a number of things over the years and I feel we have been listened to and responded to appropriately"; "The staff are very good"; "The home is very clean and tidy" and "my loved one looks well cared for and she loves the staff."

Staff spoken with said that Rush 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 included, "The teamwork is great, we all work well together. Management are lovely, really accommodating and responsive" and "We work as a team. Everyone comes to help."

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

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.

Staff said that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Patients raised no concerns in relation to the staffing arrangements.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

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.

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.

Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Review of a selection of records evidenced that nutritional care plans were not consistently reflective of the speech and language therapists recommendations and patients assessed needs. An area for improvement was identified.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that some patients were not appropriately supervised in keeping with their assessed needs. An area for improvement was identified.

Discussion with staff and observation of practice confirmed that a "safety pause" was not completed at the start of each mealtime to ensure that every patient received their meals in accordance with the patients' assessed needs. The manager confirmed that they would liaise with Speech and Language colleagues to avail of additional supports in respect of this.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

Menus were rotated over a two-week cycle and contained two meal choices at each mealtime. There was no evidence that patients were afforded an opportunity to comment on the design of the menu. To ensure that a variety of choice at mealtimes is available to all patients, an area for improvement was identified.

Management and staff understood the importance of engaging with patients. Patients were encouraged to participate in their own activities such as watching TV, listening to music, reading or chatting to staff and visitors. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as knitting club, exercise classes, balloon tennis, men's club, arts and crafts, bingo, pen pal letters and doll therapy. Photos were displayed in the home of patients enjoying a selection of activities and events.

Activity records reviewed confirmed gaps in record keeping. Other records reviewed were repetitive, not person centred and lacking in sufficient detail. There was no evidence that registered nursing staff had consistent oversight of these records or of the care plans. There is a need for improvement in regard to the system in place for evidencing delivery of meaningful and patient centred activities. One area for improvement was stated for a second time while a new area for improvement was identified in relation to registered nurses oversight of activity records.

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, for the most part, were in place to meet patients assessed needs in a timely manner.

Nursing staff recorded regular daily evaluations about the delivery of care: some of these had been completed prior to midday and no further entries had been made to reflect the care delivered throughout the remainder of the day. Some daily evaluations of care contained repetitive statements which were not person centred. An area for improvement was identified.

Some supplementary care records such as food and fluid intake, personal care, repositioning and bedrail check charts were not completed contemporaneously in the dementia unit. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were warm and comfortable. For example, patients' bedrooms were personalised with items important to them.

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

Robust systems and processes were not in place to manage infection prevention and control (IPC) practices. It was observed that some of the patient equipment in use such as wheelchairs and walking aids were dusty, dirty and not effectively cleaned. This was discussed with the management who agreed to review their current systems. An area for improvement was identified.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

Discussion with the deputy manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

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 has been the manager in this home since 11 March 2025.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed audits to quality assure care delivery and service provision within the home. However, the current system of auditing was not effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight of care records, cleaning of patient equipment and IPC practices. 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. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	3	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Niamh Costello, Deputy 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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 22 September 2026	The Registered Person shall ensure that nutritional care plans are reflective of speech and language therapy recommendations. Ref: 3.3.2
	Response by registered person detailing the actions taken: All nutritional care plans have been reviewed by nursing staff, diet notifications have been amended to reflect different levels of supervision required in accordance with SALT guidance. All diet notifications have been updated to reflect the residents needs.
Area for improvement 2 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 22 September 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: REDs folder has been implemented for each dining room, contains information on safety pause, diet notifications and REDs information for any resident who has been assessed by SALT. Meal time coordinator is identified on the board. Supervisions completed with all staff involved in assisting residents with food and fluids regarding the dining experience and safety. All required staff have been advised to recomplete dysphagia training on learning platform. Dining experience audit updated to include oversight of REDs and mealtime coordinator.
Area for improvement 3 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 22 September 2026	The Registered Person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements. This area for improvement is made in relation to oversight of care records, cleaning of patient equipment and IPC practices. Ref: 3.3.5
	Response by registered person detailing the actions taken: Manager has created a weekly checklist to have better oversight of decontamination records, equipment and nursing documentation. Supervisions carried out on record keeping and IPC, all required staff have been advised to recomplete record keeping training and infection control training on the learning platform.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** 22 September 2026	The Registered Person shall ensure arrangements for the provision of structured activities is in place. Activities must be an integral part of the care process with daily progress notes reflecting activity provision and patient engagement. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: Supervisions carried out with nursing staff and PAL regarding documentation. Nursing and PAL records are now included in the managers monthly care records audit, daily care plans and risk assessments check and an additional weekly check will be completed by management to ensure better oversight of nursing documentation. All required staff have been advised to recomplete record keeping and person centred care modules on the learning platform.
Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 22 September 2026	The Registered Person shall ensure that menus are rotated over a three-week cycle and are revised at least six monthly, taking into account patient's views. Ref: 3.3.2
	Response by registered person detailing the actions taken: Menus have been reviewed and amended to ensure a three week rotation is in place, changes were made after gaining feedback from resident questionnaires. Menus will be reviewed again in March 2027.
Area for improvement 3 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 22 September 2026	The Registered Person shall ensure that activity care plan evaluations evidence oversight by registered nursing staff of all activities delivered. Ref: 3.3.2
	Response by registered person detailing the actions taken: Supervisions completed with nursing staff, all relevant staff will complete person centred care module and record keeping on learning platform. Monthly care file audit has been amended to include oversight of nursing evaluations, and daily care plan and risk assessment audit will have oversight of nursing documentation. Activity TRaCa will be reviewed monthly at present to ensure there is closer observation and monitoring of documentation.

Area for improvement 4 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 22 September 2026	The Registered Person shall ensure that nursing staff evaluate care in a meaningful manner and at an appropriate time. Ref: 3.3.3
	Response by registered person detailing the actions taken: Supervisions carried out with staff regarding person centred documentation, all required staff have been advised to recomplete training on record keeping on the learning platform, 'copy and paste' function disabled on system. Daily review of monthly care plans and risk assessments to include oversight of nursing documentation.
Area for improvement 5 **Ref:** Standard 46.2 **Stated:** First time **To be completed by:** 22 September 2026	The Registered Person shall ensure that the environment in the home is managed to minimise the risk and spread of infection. This area for improvement specifically related to the cleaning of patient equipment within the home. Equipment cleaning records should evidence managerial oversight of all such records. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervisions completed with staff on IPC and record keeping, a daily checklist has been completed for nursing staff to monitor equipment and decontamination records. A weekly checklist has been created by the manager to carry out spot checks on any equipment, any issues will be dealt with via HR. All staff relevant staff have been advised to recomplete infection control training, IPC link nurse has been nominated for the home.

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

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