



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Culmore Manor Care Centre

Provider: Ann's Care Homes

Date of Inspection: 19 June 2025

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:	Mrs Carol Craig, not registered
Service Profile: Culmore Manor Care Centre is a nursing home registered to provide general nursing care for up to 56 patients. The home is a two storey building. Patient bedrooms, lounges, dining rooms and bathroom/toilets are located over both floors.	

2.0 Inspection summary

An unannounced inspection took place on 19 June 2025, from 10.10am to 2.30pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the medicines management inspection 23 Jan 2025 evidenced that safe systems were not in place for some aspects of medicines management. Two areas for improvement in relation to the management of insulin and medicine audit were stated for a second time. Two new areas for improvement were identified in relation to the length of the medicine round and the management of medicines for new admissions to the home. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Review of medicines management found that satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were generally well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed.

The areas for improvement in relation to the management of insulin, medicine audit, the length of the medicine round and the management of medicines for new admissions to the home identified at the last medicines management inspection were assessed as met and no new areas for improvement were identified. Areas for improvement identified at the last care inspection were carried forward for review at the next inspection. Details can be found in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

The management of insulin

Following the last medicines management inspection, it was evident that action had been taken to improve systems for the management of insulin.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was outside of the recommended range. In use insulin pen devices were individually labelled with the date of opening recorded to facilitate audit and disposal at expiry.

Governance and audit

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, an audit discrepancy was observed in the administration of one medicine. The audits were discussed in detail with the nurses on duty and the manager for on-going monitoring.

Medicine administration

Medicines must be administered at the prescribed time. Following the last medicines management inspection, measures had been implemented to ensure nurses are afforded protected time to complete the medication round in a timely manner.

The management of medicines for new admissions

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed. Nurses were reminded that there must be a clear record of medicines received at admission and the manager agreed to closely monitor this.

Other areas reviewed

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted for immediate corrective action and on-going vigilance.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans were in place for the majority of patients prescribed these medicines and reviewed regularly. One patient had no care plan in place and two patients required their care plans to be updated to include the prescribed medicines. The manager provided assurances that these would be actioned immediately.

4.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	3*	7*

* the total number of areas for improvement includes ten which were carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Carol Craig, Manager, and other members of the management team as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Third time To be completed by: 26 November 2024	The registered person shall ensure that IPC deficits identified during the inspection are addressed.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: 26 November 2024	The registered person shall ensure that patients requiring bedrails have a suitable risk assessment completed and consent for the use of bedrails.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 26 November 2024	The registered person shall ensure that head injury observations are obtained and recorded in line with the home's policy, following a fall where there is a suspected and/or actual head injury.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 26 November 2024	The registered person shall ensure that the number of staff required in accordance with the assessed needs of the patients is accurately reflected within the staff duty rota.
	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. Ref: 2.0

<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2024</p>	<p>The registered person shall ensure that there is only one copy of the staff duty rota and that the nurse in charge is highlighted.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2024</p>	<p>The registered person shall ensure that the mid-morning tea trolley is reviewed to include snacks for patients who require a modified and/or varied diet.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2024</p>	<p>The registered person shall ensure that a system is implemented to monitor food items within the communal dining room fridges.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 5</p> <p>Ref: Standard 37.5</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2024</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored securely in accordance with GDPR and best practice.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2024</p>	<p>The registered person shall ensure that medical equipment such as needles are securely stored.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>

<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 26 December 2024</p>	<p>The registered person shall ensure that where deficits have been identified during an environmental audit, that an action plan, time frame, person responsible and follow up is completed.</p>
	<p>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.</p> <p>Ref: 2.0</p>



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews