

Inspection Report

Name of Service: Dunanney Care Centre

Provider: Ann's Care Homes Ltd

Date of Inspection: 26 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 Limited
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Ms Steluta Preda – not registered
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 36 patients. Patients' bedrooms are located over two floors. There are a range of communal areas throughout the home and patients have access to an enclosed garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 26 June 2025, from 9.30 am to 5.00 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Whilst we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider and two areas for improvement relating to medicines management have been carried forward for review at a future 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 registration information, and any other written or verbal information received from patient'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

Patients told us they were happy with the care and services provided. Comments made included "it's very good" and "plenty of food".

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support, where comments were made these were shared with the management for review and action as appropriate.

One response was received from the patient/relative questionnaires and indicated that they were satisfied with the care and services provided in Dunanney Care Centre. Comments made included, "Mum feels very safe".

There were no responses received from the staff questionnaires within the allocated timeframe.

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. A sample of records were reviewed and evidenced systems were in place to manage staffing.

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

Staff told us that the patients' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

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 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

The risk of falling and falls were well managed and discussion with the management team confirmed that a falls policy was in place and referrals were made as required to other healthcare professionals.

Observation of the lunch time meal confirmed that the food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff attended to patients' dining needs in a caring and compassionate manner and where required, staff engaged with patients on a one to one basis to assist them with their meal.

Mealtimes matter is a regionally agreed Health and Social Care (HSC) framework to maximise service user safety during mealtimes. There were no issues identified during the lunch time observation pertaining to patient meals or requirements, however, a discussion took place with the management to review the dining experience, to develop the role of a meal time coordinator and enhance the principal of safety pause; this will be reviewed at a future inspection.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

The activity schedule was on display within the home and it was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals.

3.3.3 Management of Care Records

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were generally well maintained, regularly reviewed to ensure they continued to meet the patients' needs. Shortfalls were noted in a sample of care records pertaining to the Deprivation of Liberty Safeguards (DOLS) in place for the patient. This was discussed with the management who agreed to review, and following the inspection confirmation was received that this had been addressed.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable. A refurbishment plan was in place and regularly reviewed by the management.

A number of shortfalls were noted in regard to the cleanliness of identified areas within the home. These issues were discussed with the management for immediate review and action as appropriate; an area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection; Ms Steluta Preda has been the acting manager in this home since 14 April 2025.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

The statement of purpose for the home was reviewed and lacked sufficient detail to describe the philosophy of care associated with an identified area within the home. This was discussed with the management for immediate review and action as appropriate; this will be reviewed at a future inspection.

A selection of audits was reviewed and evidenced that systems were generally in place to monitor the quality of care and other services provided to patients. However, discussion with the management and review of records identified inconsistencies in the regular auditing of the DOLS status of patients; an area for improvement was identified.

We identified inconsistencies in the frequency of the manager walk around, this was discussed with the management team who agreed to review and action as appropriate; this will be reviewed at a future inspection.

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	2*	2*

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

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 13 (4) Stated: First time To be completed by: With immediate effect (5 September 2023)	The registered person shall review the management of the identified controlled drug to ensure that quantities are accurately receipted and that this medicine is not administered after expiry. Ref: 5.1 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.
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 26 June 2025	The Registered Person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean. This includes the oversight arrangements of the domestic provision within the home. Ref: 3.3.4 Response by registered person detailing the actions taken: The rosters for the domestic staff has been reviewed to ensure sufficient staff on duty. A meeting was held with the team in relation to areas noted on the day of the inspection. Areas will be monitored during HM walk arounds and audits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: With immediate effect (5 September 2023)	The registered person shall ensure that a patient specific care plan is in place and the reason for and the outcome of administration is recorded on every occasion, when medication is prescribed/administered on a 'when required' basis, for the management of distressed reactions. Ref: 5.1 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 18.2 Stated: First time	The registered person shall ensure that a system is in place to monitor the Deprivation of Liberty Safeguards (DOLS) for any patient, with appropriate records maintained. Ref: 3.3.5

To be completed by: 26 June 2025	Response by registered person detailing the actions taken: The DoLS register has been updated to reflect current status and dates where needed. This will be reviewed at a minimum of monthly or more often if/when needs change.
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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