

Inspection Report

Name of Service: Edenvale Care Home

Provider: Ann's Care Homes Limited

Date of Inspection: 29 October 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:	Mrs Anne O'Kane
<p>Service Profile: This is a registered Nursing Home which provides nursing care for up to 55 persons. The home is divided into two units. Benbradagh which provides dementia nursing care on the first floor and Benevenagh which provides general nursing care on the ground floor. Patient bedrooms are located over the two floors. Patients have access to communal lounges, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 29 October 2025, from 9.40 am to 6.10 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.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment, General Data Protection Regulation (GDPR), safe storage of foods and fluids and the storage of prescribed medication.

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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. 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 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Very happy here", "The staff are very kind and friendly", "I feel very safe here" and "I have everything I need".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "I really enjoy working here", "The manager is very supportive" and "There is great equality and inclusion here".

Three relatives spoken with during the inspection commented positively regarding the overall provision of care. Comments included: "This is a great home", "The staff are just great", "Everyone (staff) is very supportive, kind and caring" and "The staff are very friendly and welcoming".

There were two questionnaires returned from relatives. The respondents were very satisfied with the overall provision of care. Comments included: "Care very good", "Staff are excellent", "I get peace of mind that my (relative) is in safe hands when I'm not there", "I am extremely grateful for the care given to my (relative)", "The staff are friendly and I can trust that they are caring for my (relative) to the best of their ability" and "Events provided (are) really good".

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. Review of a sample of staff recruitment files evidenced that a gap in employment had not been explored for one staff member. Details were discussed with the management team and an area for improvement was identified.

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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

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 patients' needs, their daily routine, wishes and preferences.

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.

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. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patients care records evidenced that these were well maintained.

There was evidence that the risk of falling was being managed and referrals were made to other healthcare professionals as needed.

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.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a

pleasant experience and had a meal that they enjoyed. There was a meal time co-ordinator to oversee the correct delivery of meals to patients.

Patients commented positively about the food provided within the home with comments such as: "The food is very good and plenty of choices", "There is always plenty of food here and always a variety" and "The food is just great here".

The importance of engaging with patients was well understood by management and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as bingo, knitting, quizzes and music.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "Plenty of things to do here", "It's like home here" and "There are lots of things to do here".

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.

Confidential patient information was easily accessible in two areas of the home. Details were discussed with the management team and an area for improvement was identified.

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. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

3.3.4 Quality and Management of Patients' Environment

The home was clean, neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since the last care inspection. The management team confirmed that refurbishment works were ongoing, including the replacement of an identified floor covering and ongoing painting of walls to ensure the home is well maintained.

Observation of the environment identified that food and fluids were accessible in a number of patient bedrooms within the dementia unit and a tea trolley was unattended within a dining room. The potential risks were discussed with the management team and an area for improvement was identified.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 15 November 2024. A number of actions were required following this assessment and these were signed by management as completed.

Prescribed topical creams were not securely stored in a number of patient's bedrooms within the dementia unit and a medicine trolley was unattended with access to medication. An area for improvement has been stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Anne O'Kane has been the Manager in this home since 17 November 2023.

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

There were systems in place to ensure that accidents and incidents were notified to patients' next of kin, the trust and to RQIA.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

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 management team 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 by 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	1	3*

* The total number of areas for improvement includes one standard that has 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) Stated: First time To be completed by: 29 October 2025	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>With specific reference to the safe storage of foods and fluids.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The home has now implemented secure storage to protect residents' personal food and beverages. Additionally, locked refrigerators have been placed in each unit to ensure the secure storage of perishable items, drinks, and fluids</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: 29 October 2025	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: 2.0 and 3.3.4</p> <p>Response by registered person detailing the actions taken: This has been discussed at clinical governance meetings and reinforced through supervision with all nursing staff, emphasising professional responsibility, safety risks, and consequences of improper storage. Regular audits will ensure compliance, with deviations addressed through immediate training and corrective action.</p>
Area for improvement 2 Ref: Standard 38.3 Stated: First time To be completed by: 29 October 2025	<p>The registered person shall ensure that any gaps in an employment record are explored and explanations recorded during the recruitment process.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The file identified on the day of inspection has now been rectified, with emphasis placed at the interview stage to ensure all employment gaps are thoroughly explored and documented.</p>
Area for improvement 3 Ref: Standard 37	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards.</p>

Stated: First time To be completed by: 29 October 2025	Ref: 3.3.3
	Response by registered person detailing the actions taken: GDPR compliance has been reinforced with all staff through formal supervision sessions and will continue to be a standing agenda item at all staff meetings. Enhanced oversight and monitoring will be implemented by all heads of department to ensure continued adherence to data protection regulations and safeguard residents' confidential information.

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