

# Inspection Report

**Name of Service:** Culmore Manor Care Centre  
**Provider:** Ann's Care Homes Ltd  
**Date of Inspection:** 26 November 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Ann's Care Homes
<b>Responsible Individual:</b>	Mrs Charmaine Hamilton
<b>Registered Manager:</b>	Mrs Carol Craig – not registered
<b>Service Profile:</b> This home is a registered Nursing Home which provides general nursing care for up to 56 patients over 65 years of age and up to 10 patients with physical disability under 65 years of age. The home is a two storey building. Patient bedrooms, lounges, dining rooms and bathroom/toilets are located over the two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 November 2025 from 9.20 am to 6.45 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 26 November 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; head injury observations, care records and the management 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. Please refer to Section 3.2 for more details.

As a result of this inspection it was positive to note that nine areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time in relation to the management of potential head injuries. 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.

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: "The staff are all good here", "I have everything I need", "I am very happy here", "When I press my buzzer, staff attend to me as quickly as they can" and "I feel safe here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments included: "The manager is lovely, very supportive and approachable", "There has been massive improvements since the last inspection", "Everything is so much better", "I love it here", "Very good and thorough induction" and "The manager always makes sure we are fully staffed".

One relative spoken with during the inspection commented positively regarding the overall provision of care. Comments included: "This is a brilliant home", "The staff are very polite, I couldn't rate them high enough", "Brilliant communication from staff regarding my (relatives) care", "The food is top quality" and "This place is like home from home".

There was no response to the online survey or questionnaires within the timeframe provided.

### 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 they felt well supported in their role.

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

#### 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 and records were well maintained.

Review of a sample of care records regarding unwitnessed falls evidenced that, where there was a potential risk of head injury, not all required observations were completed in line with the home's policy. An area for improvement has been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. A menu was on display within each dining room offering a choice of two meals. A mealtime co-ordinator was allocated within each unit to oversee the correct delivery of meals to patients.

Patients mostly commented in positive terms about the food provided within the home with comments such as: "I really enjoy the food here", "The food is lovely", "Good variety of food", "If I don't like what's on the menu they will make me something different" and "Different food everyday". Other comments were shared with the management team.

It was positive to note that improvements had been made to the mid-morning tea trolley since the last care inspection to ensure that a variety of snacks were available for patients requiring a modified and/or varied diet.

The importance of engaging with patients was well understood by management and staff. A schedule of activities was displayed during the inspection following a discussion with the management team. The schedule offered a range of individual and group activities such as interactive games, outings and live 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: "Great activities here", "I always try to get involved" and "I enjoy the activities 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. Patients' care records were held confidentially.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs and nursing staff recorded regular evaluations about the delivery of care. Review of two patients care records evidenced that a care plan had not been implemented for known drug allergies. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was warm and comfortable 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 and painting were ongoing as required, to ensure the home is well maintained.

Some surface damage was evident to identified furniture and staining to two floor coverings. Pipes leading from a sink were also exposed within two communal shower rooms and a gap was evident around a ceiling light fixture. These and any other findings were discussed with the management team who agreed to have these reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address these findings.

Prescribed medication was observed in identified patient's bedrooms; some of which were not labelled and did not include the date of opening. Over the counter medication was also observed in one patient's bedroom. Details were discussed with the management team who advised that these patients had capacity to self-administer these types of medication and a care plan and risk assessment was implemented during the inspection to reflect this. The management team also confirmed that medication would be secured as required. This information was shared with the pharmacist inspector and areas for improvement were identified.

A fire risk assessment was completed on the 23 September 2025; several actions were required following this assessment and these were signed by management as completed.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Carol Craig has been the Manager in this home since 11 March 2025.

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
<b>Total number of Areas for Improvement</b>	2*	2

\* The total number of areas for improvement includes one regulation 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 26 November 2025</p>	<p>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.</p> <p>Ref: 2.0 and 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has completed a supervision with all staff, this covers head injury observations in line with homes policy. For ease of access each unit has been provided with a guidance folder. Should a resident require CNS obs, they are recorded on paper documentation and then uploaded to goldcrest. The registered manager and deputy reviews all post fall documentation. Home has also requested falls training.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 November 2025</p>	<p>The registered person shall ensure that prescribed medicines are appropriately labelled to denote ownership and are safely and securely stored at all times.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> During the inspection process, the registered manager and deputy reviewed the identified residents and put in place before the inspection ended for residents that self administer medications their own locked drawer ,risk assessment and care plan was further updated to reflect same. Care managers and NOK made aware of same. Pharmacy have been spoken to too ensure that label is not only on box of inhaler ,eyedrops ,GTN spray but also on the actual item. The registered manager will continue to monitor this through the medication audits. In addition, will spot check on walk abouts and record findings.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 November 2025</p>	<p>The registered person shall ensure that for any patient with a known drug allergy a care plan is in place to direct staff.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager cross referenced all residents kardex and care plans ensuring any who have a known allergy is fully recorded. This will be monitored through the medication audits.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans and risk assessments are available and up to date for all patients who self-administer their medicines.</p> <p>Ref: 3.3.4</p>
<p><b>To be completed by:</b> 26 November 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> As per area of improvement 2 under Regulation section. Care plan and risk assessment checked and all are in place.</p>

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



## The Regulation and Quality Improvement Authority

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