

# Inspection Report

**Name of Service:** Melmount Manor Care Centre

**Provider:** Ann's Care Homes

**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

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| <b>Organisation/Registered Provider:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ann's Care Homes       |
| <b>Responsible Individual:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mrs Charmaine Hamilton |
| <b>Registered Manager:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mrs Hayley Philips     |
| <b>Service Profile –</b><br>This home is a registered nursing home which provides nursing care for up to 70 patients. Accommodation is on a ground floor level. There are two units in the home; The Denette Unit provides nursing care for a total of 39 patients living with dementia and The Mourne and Foyle Unit provides nursing care for a total of 31 patients with general category of care.<br><br>The proposed new unit, known as The Sperrins Unit will provide nursing care for up to 11 patients with dementia care needs. This unit is on a ground floor level and is attached to the main part of the home. |                        |

## 2.0 Inspection summary

An announced pre-registration inspection took place on 29 October 2025, from 10am to 11am. The inspection was conducted by both an estates inspector and a care inspector.

This inspection was undertaken to assess the application to vary the registration of the home in relation to increasing the occupancy of an additional 11 dementia care beds, in respect of variation application number VA012985.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005.

One area of improvement from the previous care inspection on 8 and 9 September 2025 was reviewed and met. The other area of improvement was not reviewed on this occasion and carried forward to the next inspection.

No new areas of improvement were identified as a result of this inspection.

As a result of this inspection, the variation to registration was approved. This being an increase in occupancy of 11 dementia nursing beds to the new unit of the home, known as The Sperrins Unit.

### 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 and information pertaining to the variation of this application.

#### 3.2 Inspection findings

##### 3.2.1 Care Inspector findings

#### Statement of Purpose

The home's Statement of Purpose has been reviewed to reflect the increase in occupancy and category of care and outlined the range of services provided in accordance with Regulation 3 of The Nursing Homes Regulations (Northern Ireland) 2005.

#### Patients' Guide

The home's Patients' Guide of Purpose has been reviewed to reflect the increase in occupancy and category of care and outlined the range of services provided in accordance with Regulation 4 of The Nursing Homes Regulations (Northern Ireland) 2005.

#### The Environment

VA012985 provides a total of 11 dementia nursing care beds in the new unit known as The Sperrins Unit.

Patients' bedrooms were located on a ground floor level, comfortable and suitably facilitated. Bedrooms were single ensuite facility and hazard free.

The communal lounges and dining room was comfortable and decorated to a high standard.

Dani stations were all mounted and PPE was readily available. A sluice room had adequate security for storage of chemicals.

A treatment room, including medicines locked storage facilities and trolley was in place with a nurse's station.

The environment presented as having good lighting and spacious. It was a comfortable temperature throughout.

Dementia friendly aspects of the environment were in place such as colour coding, furnishings with time, date and menu aids. The environment was also secured in a non-obtrusive manner.

There also was a nicely appointed secure patio garden area with good accessibility for patients to avail of.

From a care perspective, the accommodation to be occupied by patients is suitable for use.

### **Operational Issues**

The registered manager of the home is Mrs Hayley Philips. She is supported in her role by a line management structure and team of staff as defined in the home's Statement of Purpose.

The manager confirmed to the inspector that admissions to the home would be managed in a phased basis to enable staff sufficient time to become familiar with newly admitted patients and care plan care accordingly.

The manager confirmed that they will undertake a pre-admission assessment of all potential patients, so as to ensure assessed needs of the patient can be met.

The manager was aware of their responsibilities in regards to the category of care for which the home will be registered.

### **Staffing**

The inspector was informed that the planned staffing levels for the home would be flexible and responsive to the changing needs and numbers of patients as the home begins to admit. A registered nurse will be on duty over the 24-hour period in the unit.

Activities, housekeeping and catering hours will be shared and maintained with the entire home.

Staff in the new unit will be in receipt of mandatory and additional training pertinent to their role and the needs of patients.

In conclusion, from a care perspective RQIA were satisfied with the actions taken to this variation and they are compliant with the DoH minimum standards.

#### **3.2.2 Estates Inspector findings**

The Estates Inspector reviewed the application when submitted on the RQIA portal. Further supporting documentation was submitted prior to the inspection confirming commissioning of the various building and engineering services and statutory approval from Building Control office. All was found to be in order.

The Estates Inspector attended the inspection and met with the provider's representative undertaking a walk around the refurbished section of the building where the eleven new bedrooms and associated facilities are located. The area was found to be finished to a high standard.

In conclusion, from an estates perspective RQIA were satisfied with the proposed facilities for this variation and they are compliant with the DoH minimum standards.

#### 4.0 Quality Improvement Plan/Areas for Improvement

One area of improvement was carried forward for review to the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Hayley Philips, Registered Manager, 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 Care Standards for Nursing Homes (December 2022)                                                              |                                                                                                                                                                |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 16 (11)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>16 September 2025 | The registered person shall ensure it is clearly recorded in the outcome of complaints whether the complainant was satisfied with the outcome.                 |
|                                                                                                                                                             | <b>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.</b> |



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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