The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Melmount Manor Care Centre

Provider: Ann’s Care Homes

Date of Inspection: 14 and 15 April 2026

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:	Charmaine Hamilton
Registered Manager:	Ciara Browne - Acting

Service Profile – This home is a registered nursing home, which provides nursing care for up to 81patients.

The home is divided into three units. The Mourne unit provides care for 31 patients, under the general category of care. The Dennett unit provides care for 39 patients for patients living with dementia. The Sperrins unit provides care for 11 patients living with dementia.

All three units are on a ground floor level with each having communal dining and lounge areas and access to enclosed courtyard garden.

2.0 Inspection summary

An unannounced inspection took place on 14 April 2026, from 7pm to 10pm and on 15 April 2026, from 9.15am to 3.45pm. A care inspector conducted the inspection.

The inspection was undertaken to evidence how the home is performing in relation to regulation and standards; and to assess progress with the two areas of improvement identified by RQIA, during the last care inspection on 8 and 9 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led. Prior to the inspection, RQIA received information raising concerns with staffing and care issues. Assurances were sought at the time with further follow up during this inspection. None of the concerns were substantiated.

The previous area of improvement from the medicines management inspection on 5 November 2025 was not reviewed and was carried over to the next inspection.

The inspection found that safe, effective and compassionate care was delivered to patients and the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients. Patients said that living in the home was a good experience. Patients who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and interactions with staff.

This inspection resulted in four areas of improvement being identified.

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. 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 said that they were happy with the care in the home, that there was a nice atmosphere, staff were kind and attentive and they enjoyed the meals. Some comments included the following statements; "I am very happy here. They (the staff) are all very good.", "I am very happy here. The staff are excellent." and "No complaints at all."

Frailer patients were seen to be comfortable and at ease in their surroundings and interactions with staff.

Visiting relatives said that staff were kind, caring and attentive and management were readily available. Two relatives made the following statements; "Everything is very good." and "It's a brilliant home. We have always been very happy with it."

One relative raised concerns about missing clothing and an item of repair. The relative agreed for this to be referred to the manager to address.

Staff spoke positively about their roles and duties, the provision of care, training and managerial support.

Concerns shared re staff morale were referred to the home's management team to address.

No patient / representative questionnaires were returned on time for inclusion to this report.

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, supervision and appraisal, 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.

Staff said that they felt well supported in their role and that they were satisfied with the staffing levels, despite the busy workload.

Observation of the delivery of care evidenced that patients' needs were met by the number of staff on duty. Call assistance alarms were found to be answered promptly.

There was an effective system in place to manager the registration of nurses with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Care staff were not routinely included in the handover of information between shifts. An area of improvement was made for this to be facilitated.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, 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.

The night-time routine with assisting patients to bed, evening suppers and comfort was found to be organised, with a nice ambience and atmosphere.

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.

It was established that safe systems were in place to safeguard patients with use of a locked door facility or equipment that could be considered as restrictive, such as bedrails and alarm mats.

Frailer patients were seen to be comfortable and regularly attended to by staff. Those patients with assessed skin care needs had accurate records maintained of their care.

Examination of care records and discussion with the manager confirmed that the risk of falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Observation of the dinner time meal, review of records and discussion with patients and staff indicated that there were systems in place to manage patients' nutrition and mealtime experience.

Prior to the mealtime, staff held a safety pause to consider those patients who required a modified diet. The dinnertime meal was appetising, wholesome and nicely presented.

It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients spoke positively on the meals including the provision of choice.

A varied programme of activities and events was in place for patients to avail, both group and individual based. For example at the time of this inspection, a number of patients enjoyed planned exercise class or engagement in their own activity of choice, such as reading, watching television or resting.

The genre of music played in one of the units was not in keeping with patients' age group and tastes. An area of improvement was made for this to be reviewed.

Patients' spiritual care and well-being was recorded in their care records with subsequent provision of such.

3.3.3 Management of Care Records

Patients' care records were maintained safely and securely.

The manager confirmed that a preadmission assessment is undertaken before a patient is admitted to the home. This is to ensure that the home can meet the assessed needs. Following admission care plans are developed to direct staff how to meet patients' needs. These included any advice or recommendations made by other health care professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet patients' needs.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were comfortable and nicely personalised. Communal areas were suitably furnished and homely. Bathrooms and toilets were clean and hygienic.

An identified bed was in need of repair. An area of improvement was made for this to be made good.

The grounds of the home were suitably maintained with good accessibility for patients to avail of.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 26 June 2025. This assessment had corresponding evidence recorded of actions taken in response to recommendations made.

Fire safety training, fire safety drills and fire safety checks were maintained on a regular and up-to-date basis.

A fire extinguisher in one of the units was loose fitting to the wall and posed a risk if it were to fall onto a patient's foot. An area of improvement was made for this risk to be reviewed with subsequent appropriate action.

Review of records and observations confirmed that appropriate systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Ciara Browne is the acting manager of the home.

The manager had processes in place to monitor the quality of care and other services provided to patients. A comprehensive list of quality assurance audits were well maintained by the manager. These audits contained actions plans with any issues identified and confirmation who and when such were addressed.

Patients and relatives spoken with said that they knew how to report any concerns/complaints and said they were confident that the manager and responsible individual would address their concerns. Discussions with the manager and review of records of complaints confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. Discussions with the home's management team found there was a positive respect for complaints in improving the quality of care provided and respecting the needs of patients and their representatives.

Reports of visits on the behalf of the responsible individual were well maintained with good evidence of systems of governance and managerial oversight.

4.0 Quality Improvement Plan/Areas for Improvement

Four 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*	4

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ciara Browne, Manager, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 5 November 2025	The registered person shall ensure that antibiotics are administered as prescribed. Ref: 2.0
	Response by registered person detailing the actions taken: The handover has will also be utilised and antibiotics will be added as another method of informing staff that antibiotic therapy has been commenced.Memo to all staff nurses regarding administration of antibiotics, specifically ensuring Staff nurses use ways of signposting staff to the fact that antibiotics are in use, e.g Post it notes on main kardex to highlight antibiotic currently prescribed. Also noted in memo that all staff nurses are to ensure boxed antibiotics have a tally commenced at time of first administration.
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:** 16 April 2026	The registered person shall ensure care staff are included in the handover of information between shifts. Ref: 3.3.2
	Response by registered person detailing the actions taken: Handovers held prior to shift commencement include all care and nursing staff. Staff meetings held to ensure communication of protocol for handover. compliance reviewed by home manager.
Area for improvement 2 **Ref:** Standard 9(5) **Stated:** First time **To be completed by:** 22 April 2026	The registered person shall ensure the genre of music played is in keeping with patients' age group and tastes. Ref: 3.3.2
	Response by registered person detailing the actions taken: Discussed with staff during staff meetings. Music used in the home is monitored by management and senior nursing staff to ensure compatibility with client group.
Area for improvement 3 **Ref:** Standard N25	The registered person shall make good the identified bed. Ref: 3.3.4

Stated: First time **To be completed by:** 22 April 2026	**Response by registered person detailing the actions taken:** Equipment replaced, process for the reporting of faulty or damaged equipment reiterated to staff via meetings.
Area for improvement 4 **Ref:** Standard 47(1) **Stated:** First time **To be completed by:** 22 April 2026	The registered person shall review the security of fire extinguishers to walls and implement any subsequent action required. Ref: 3.3.4
	Response by registered person detailing the actions taken: Fire extinguishers reviewed and those identified fitted to wall with new casings

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