

Inspection Report

Name of Service: Dunannee Care Centre

Provider: Ann's Care Homes Ltd

Date of Inspection: 18 June 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 Limited
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Shily Paul – not registered
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.	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2026 from 9.45 am to 5.15 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 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that 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 and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience, although some said they would like to have more activities. 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.

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

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 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 spoken with told us that they were happy living in Dunanney Care Centre. Comments included, "I'm very happy", "I'm content", "Staff are so good", "They do a great job", "Staff are excellent", "Staff are so friendly" and "The care couldn't be better." Patients confirmed that staff were available when they needed assistance and patients who chose to stay in their bedrooms said that they used the nurse call system and that staff respond.

Patients described the food as good and confirmed that they get a choice of at least two options at each sitting. One patient said that they can ask for an alternative if they don't like the choices.

Some patients talked about how they spend their time during the day and that they would like more organised activities. This is discussed further in section 3.3.2 of this report.

Due to the nature of some conditions associated with old age, such as cognitive impairment or sensory issues, some patients were unable to express their opinions about the home. However, generally these patients looked comfortable in their surroundings and during interactions with staff. Further comment about identified patients' communication needs is discussed in section 3.3.2 of this report.

Relatives spoken with said that they were very satisfied with the overall care and services provided to their loved ones. One relative said that they felt there was a lack of organised activities. This is discussed in section 3.3.2.

Comments from relatives included, "My (loved one) is very well looked after...spoilt", and "My (loved one) looks well and in good form...they would tell us if they weren't happy."

Relatives told us that they knew how to raise concerns, and one relative said that any issues they have raised had been minor and were resolved to their satisfaction. Relatives confirmed that visiting arrangements worked well and that they were kept informed of any changes relating to their loved one.

No relative or patient questionnaires were received following the inspection.

Staff spoken with said that they were happy working in the home and that they felt supported by the management team. Staff told us that they had all recently completed a 'back to basics' style training and that this had resulted in a marked improvement in care standards in the home.

No staff survey responses were received following the inspection.

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 and that staff were pleasant and polite in manner. Staff said that teamwork had improved following the recent 'back to basics' training and staff were able to demonstrate a good understanding of their roles and responsibilities.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. Staff were seen to respond to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the patients.

Staff used a handover sheet that they could refer to throughout their shift as an aid memoire about individual patient's primary needs, such as moving and handling or eating and drinking needs. Staff were knowledgeable of individual patient's needs, their daily routine wishes and preferences.

Staff were observed to be caring in nature towards patients and were skilled in recognising early signs of distress with patients who may experience cognitive impairments. It was observed that staff faced a number of challenges relating to communication with two identified patients due to language barriers. Review of the identified patients' care records and discussion with staff and management, indicated a lack of adequate communication aids or translation services. An area for improvement was identified.

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 care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff assisted with mobility, encouraging patients to use the nurse call system, using beds in a low position, and the use of falls prevention equipment such as bedrails.

Examination of care records and discussion with nurses confirmed that the risk of falling and 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.

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.

Observation of the lunchtime meal, review of records and discussion with patients, care staff and catering staff indicated that there were robust systems in place to manage patients' nutrition and mealtime experience. Patients were seen to choose where they wished to dine and the atmosphere was calm and unhurried. Staff were seen to be well organised and conducted a safety pause to ensure patients received the correct meals.

It was established at the time of inspection that there was no dedicated activities person employed in the home. The management team confirmed that they were actively recruiting for this post and that they had implemented interim arrangements to address this. The manager explained that a care assistant was allocated to do activities three days a week. However, discussion with staff, patients, and relatives, indicated that this arrangement was not working well.

Patients and relatives also commented that there was a lack of both organised and ad hoc activities. One relative expressed concern about the general lack of stimulation or meaningful activity. This relative gave a number of examples that they had witnessed on a daily basis, “In the lounge the same movie was playing every day for weeks”, and “a lot of the time you come in and no one has thought about putting on a bit of music or TV in the bedrooms.” An area for improvement was identified.

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 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.

3.3.4 Quality and Management of Patients’ Environment

The home was clean, tidy and free from malodour. It was positive to note that several areas of the home had been recently redecorated and during the inspection a dining room was in the process of being repainted. Discussion with the management team and review of records evidenced a detailed refurbishment plan was in place. Staff and patients commented positively about the environmental works.

Patients’ bedrooms were clean and personalised with items of significance to the patient. Communal toilets were clean and accessible. The appropriateness and practicality of using open wastepaper bins for general waste in the communal toilets was discussed with the management team who agreed to replace with pedal operated bins with lids. This will be reviewed again at the next inspection.

Review of records and observations confirmed that 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.

Fire safety measures were in place. Fire doors and exits were free from obstruction and fire extinguishing equipment was accessible. Staff had received training in fire safety. The most recent fire risk assessment had been completed on 17 October 2025 and any recommendations made by the assessor had been addressed by the provider.

3.3.5 Quality of Management Systems

There had been changes in the management of the home since the last inspection. Mrs Shily Paul took over as interim manager on 6 April 2026.

The management team informed RQIA that a new manager had been recruited and was due to start working in the home within the month. Following the inspection RQIA received notification that Mr Christopher Walsh started working as manager on 6 July 2026.

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

Patients and relatives said that they knew how to raise concerns. There was a system in place for complaints management, however a number of anomalies were found. For example, a complaint raised by a relative in March 2026 had not been logged in the complaints record and there was little evidence of actions taken to address the relative's concern. This was despite RQIA communication to the home about the complaint. In addition, discussion with the manager indicated that the Northern Ireland Public Services Ombudsman (NIPSO) complaints procedure, which came into effect on 1 January 2026, was not being followed. An area for improvement was identified.

A record of compliments about the home was maintained. Some comments from 2026 included, "Very happy with the care", and "Impressed greatly with how staff became involved with residents."

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	4*

* The total number of areas for improvement includes two which have been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Shily Paul, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 24 Stated: First time To be completed by: 18 June 2026	The registered person shall ensure that there is a robust system in place for the management of complaints and that all expressions of dissatisfaction are recorded.
	The system should be in line with the Northern Ireland Public Services Ombudsman (NIPSO) Model Complaints Handling Procedure (MCHP). Ref: 3.3.5
	Response by registered person detailing the actions taken: The Home is fully versed in the NIPSO complaints handling procedure and local operational policies are consistent with the recording and follow up of any expressions of dissatisfaction. Complaints are utilised as an opportunity to learn and develop service delivery in line with the continuous cycle of healthcare improvement and the actions required following any concerns raised are communicated through a range of means to the members of the team. The Home Manager is undertaking training with staff on the new NIPSO guidance to ensure ongoing compliance. All expressions of dissatisfaction are maintained within the homes complaints folder.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: Second time To be completed by: 9 June 2026	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: 2.0
	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 4 Stated: First time To be completed by: 9 June 2026	The registered person shall ensure that care plans reflecting the management of pain are patient-centred and accurately reflect prescribed medicines and how a patient may express pain. Ref: 2.0 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 3 Ref: Standard 19.2 Stated: First time To be completed by: 2 July 2026	The registered person shall ensure that, where English is not the first/primary language, processes and systems are put in place to ensure effective communication between patient and staff. This includes, but is not limited to: - Interpreter services - Translated patient information such as menus, activities, service user information - Pictorial and/or translated cue cards - Use of technology where appropriate Ref: 3.3.2 Response by registered person detailing the actions taken: The Home has provided both electronic, visual and written communication aids to support residents for whom English is not their first language. Staff have been encouraged and supported to make use of these aids in their care delivery. Additionally communication has been attempted with local community associations for the relevant residents to seek advocacy services if available. Finally the Home has had liaison with Trust colleagues to ascertain if there is access to specific services through the commissioning Health Trusts.
Area for improvement 4 Ref: Standard 11 Stated: First time To be completed by: 16 July 2026	The registered person shall ensure a programme of meaningful activities is in place to address the physical, cognitive, emotional, creative, social, and spiritual needs of patients. This should be evidenced through, but not limited to, life story work, a varied programme that is advertised in suitable formats for patients, activity records, and consultation with patients and relatives. It should be understood that the provision of activities, both organised and ad hoc, is an integral part of the care process. Ref: 3.3.2

	Response by registered person detailing the actions taken: The Home has appointed a new activities coordinator who commenced in their role at the end of July. Expected standards for the provision of meaningful and tailored activities have been discussed through induction in line with the wishes, preferences and life histories of the residents within the Home. An activities programme has been provided covering the activities available for group and one to one sessions and this planner is made available in various formats, suitable for the residents within the Home, taking account of language and cognition.
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