

Inspection Report

Name of Service:	Sandringham
Provider:	Ann's Care Homes
Date of Inspection:	8 July 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:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Tracey Palmer
Service Profile: This home is a registered nursing home, which provides nursing care for up to 65 patients. The home is spread over two wings: the East Wing where patients are cared for who are living with dementia; and the West Wing where patients are provided with general nursing care over 65 years of age and physical disability under 65 years of age. There are communal living and dining rooms in both wings and access to a private garden.	

2.0 Inspection summary

An unannounced inspection took place on 8 July 2026, between 9.50 am and 6 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that compassionate care was delivered and 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 unable to voice their opinions were observed to be well presented, 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 five areas for improvement were identified. Full details, 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 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 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: "I am very happy here", "The staff are very attentive", "This is like a home from home", "The staff are so friendly", "I couldn't say a bad word about them" and "I feel very safe in this home".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "The manager is very supportive", "I love working here", "It is a good home", "Great teamwork" and "Staffing levels are good".

The inspector spoke with three relatives and a visiting professional during the inspection who were very satisfied with the overall provision of care. Comments included: "I am always made to feel welcome when I visit", "The staff go above and beyond to make sure my (relative's) needs are met", "The staff are very good at communicating and following any recommendations", "Very happy with the care" and "I can't fault the care here".

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 staff were very attentive. 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.

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, 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 patients 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 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 patient care records evidenced that these were mostly well completed.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. However, review of care records evidenced that relevant head injury observations and documentation had not been fully completed in accordance with the home's policy. Details were discussed with the management team and an area for improvement was identified.

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 offering a choice of two meals and a meal time co-ordinator was allocated to oversee the correct delivery of meals to patients.

Patients commented positively about the food provided within the home with comments such as: "We get a good variety of food", "The food is good here" and "I like the food here".

The importance of engaging with patients was well understood by the manager and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as bingo, arts and crafts, silent disco and music.

The activity coordinator was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities. Armchair exercises were provided in the morning and pampering sessions were provided in the afternoon.

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: "There is always something to do here", "I really enjoy the activities" and "The staff are all lovely".

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.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. A small number of care plans required further information and/or minor amendments; details were discussed with the management team who took relevant action to address this.

A sample of care records regarding daily fluid intake for patients at risk of dehydration was reviewed. The daily fluid intake for one patient was below their recommended target for more than three days and the General Practitioner had not been contacted as per the directions within the care plan. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. Patients care records were held confidentially within the home.

3.3.4 Quality and Management of Patients' Environment

The home was fresh smelling, neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests.

Whilst most areas of the home were suitably furnished, warm and comfortable, surface damage was evident a small number of furniture and sink plug holes. The manager confirmed that they were aware of most of these issues and were in the process of having them addressed.

Surface damage was also evident to an identified bath and floor covering. Details were discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address this.

Equipment used by patients such as shower chairs and raised toilet seats within identified communal toilets/shower rooms had not been thoroughly cleaned following use and some of the raised toilet seats were worn and unable to be effectively cleaned. This was discussed with the management team and an area for improvement was identified.

Staff handbags and personal belongings were observed within an unlocked storeroom. An area for improvement was identified.

A Fire Risk Assessment (FRA) had been completed on the 24 November 2025. Any recommendations made following this assessment were signed by management as completed.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. There was evidence that systems and processes were in place to manage infection prevention

and control (IPC). However, a discussion was held with the manager regarding a staff member who was not bare below the elbow and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Tracey Palmer has been the Manager in this home since 16 August 2019.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of accident/incident records evidenced that relevant persons had been notified and appropriate action taken.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice 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	2	3

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 13 (1) (a) (b) Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that head injury observations and relevant documentation are completed in line with the home's policy. Ref: 3.3.2
	Response by registered person detailing the actions taken: A supervision has been completed with all Registered Nurses on the current homes policy reiterating the importance of head injury observations and relevant documentation being completed. The company is reviewing the falls policy and on receipt, a further supervision regarding any changes will be discussed with Registered nurses under a supervision.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that staff handbags and personal belongings are securely stored. Ref: 3.3.4
	Response by registered person detailing the actions taken: Following the inspection a review of where staff on the dementia unit held their belongings took place. An area was provided out of the unit entirely, irradiating the risk. Group supervision also took place reiterating the importance of reducing risk.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that for any patient at risk of dehydration, the directions within the care plan are followed if the recommended daily fluid target is not met. Ref: 3.3.3
	Response by registered person detailing the actions taken: Anns Policy on hydration was updated to include the new nutritional guidelines launched June 2026. All care plans were then reviewed to include new guide lines, this includes what action is to be taken when the recommended daily fluid target is not met. This has been discussed at flash point meetings and is on the agenda for a planned Registered Nurse and Clinical Governance meeting.

Area for improvement 2 Ref: Standard 44.1 Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that shower chairs and raised toilet seats are thoroughly cleaned following use. If equipment cannot be effectively cleaned due to wear, they should be replaced. Ref: 3.3.4 Response by registered person detailing the actions taken: The identified equipment has been replaced. Staff have been made aware of the importance of cleaning after use and domestic staff have included these equipment in their daily cleaning schedules. An audit has been devised for shower chairs and raised toilet seats. This will be monitored on walkabout audit.
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: 8 July 2026	The registered person shall ensure that all staff are bare below the elbow in accordance with IPC best practice and guidelines. Ref: 3.3.4 Response by registered person detailing the actions taken: Supervision has taken place with all staff re-iterating the uniform policy and this includes non wearing of nail varnish. Nurses have been advised to monitor at handover and is included in the walkabout audit.

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