

# Inspection Report

|                            |                                 |
|----------------------------|---------------------------------|
| <b>Name of Service:</b>    | <b>Edenvale Care Home</b>       |
| <b>Provider:</b>           | <b>Ann's Care Homes Limited</b> |
| <b>Date of Inspection:</b> | <b>30 July 2026</b>             |

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 Limited |
| <b>Responsible Individual:</b>                                                                                                                                                                                                                                                                                                                                                                                           | Mrs Charmaine Hamilton   |
| <b>Registered Manager:</b>                                                                                                                                                                                                                                                                                                                                                                                               | Mrs Anne O'Kane          |
| <b>Service Profile:</b><br><br>This is a registered Nursing Home which provides nursing care for up to 55 persons. The home is divided into two units. Benbradagh which provides dementia nursing care on the first floor and Benevenagh which provides general nursing care on the ground floor. Patient bedrooms are located over the two floors. Patients have access to communal lounges, dining rooms and a garden. |                          |

## 2.0 Inspection summary

An unannounced inspection took place on 30 July 2026, between 9.45 am and 4.10 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 29 October 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 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 all of the previous areas for improvement were assessed as having been addressed by the provider and there were no new areas for improvement identified. Details can be found in the main body of this report.

### 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 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 more than happy here", "The staff are all very good", "Everything is great here and very well organised", "The staff are very kind" and "I couldn't say a bad word about anyone here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "Anne (Manager) is very good; always there if we need her", "I love it here", "Great teamwork" and "Staffing levels are perfect". Other comments were shared with the management team.

The inspector spoke with two relatives during the inspection who were very satisfied with the overall provision of care. Comments included: "The staff are very friendly and I always feel welcome here", "My (relative) is getting good care here", "The staff are very good at communicating any of my (relatives) care needs", "I have no concerns" and "The staff are kind, caring and compassionate".

### 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 well maintained.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

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 pictorial 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: "I like the food here", "We get something different every day" and "We get a good choice".

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, movies, board games 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. Beach ball tennis was provided in the morning and one to one time was 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 are plenty of activities here", "I am never bored" and "The staff are so kind and hardworking".

### 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, 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 care records were held confidentially.

### 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 to a small number of furniture, sink plug holes and floor coverings. The manager confirmed that they were aware of most of these issues and were in the process of having them addressed and agreed to review all other deficits identified. Following the inspection, written confirmation was received that relevant action had been taken to address these issues.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 11 November 2025. A number of actions were required following this assessment and these 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).

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Anne O'Kane has been the Manager in this home since 17 November 2023.

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.

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**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews