

Inspection Report

Name of Service: Dunlady House

Provider: Dunlady House Ltd

Date of Inspection: 5 March 2025

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:	Dunlady House Ltd
Responsible Individual	Mr William Hugh Wilson
Registered Manager:	Mrs Femina Marmeto
<p>Service Profile – This home is a registered nursing home which provides general nursing care including patients living with physical disability and patients living with a terminal illness.</p> <p>Bedrooms and communal spaces are located over two floors.</p>	

2.0 Inspection summary

An announced inspection of Dunlady House took place on 5 March 2025 from 9.30 am to 3.00 pm by an estates inspector and a care inspector.

The inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005; and the DHSSPS Care Standards for Nursing Homes 2022.

The inspection sought to assess a request by the provider to re instate the registration of two bedrooms that had been repurposed during COVID -19 and to review the homes existing layout in conjunction with the submitted floor plans. The inspection also assessed progress with the areas for improvement identified as a result of the last care inspection on 10 September 2024.

Information has been gathered throughout the registration process. Scrutiny of this information means that the use of the two refurbished bedrooms within this nursing home is permitted from a care and estates perspective.

As a result of this inspection four 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.

This inspection consisted of a review of estates related documents submitted by the provider prior to the inspection. A visual inspection of the internal accommodation was undertaken and any issues identified were discussed with the manager and the management team at the conclusion of the inspection.

3.2 Inspection findings

3.2.1 The Environment

We reviewed the homes existing layout in conjunction with the submitted floor plans; the homes lay out was reflective of the provided floor plans. However, it was identified that the home no longer had a bath; RQIA had not been informed of any proposal to remove baths. Discussion with the manager confirmed that a plan was in place to reinstate a bath. The need to ensure that RQIA are made aware of any proposed changes to the environment of the home was discussed at length prior to and during the inspection. It was requested that a variation application identifying which room the bath would be installed into, be submitted to RQIA without further delay; an area for improvement was identified.

We inspected the recently re-instated bedrooms and found that they had been re-furnished in accordance with the required standard, they were tastefully decorated, clean and hygienic. The window restrictors currently installed in these rooms and throughout the home, do not meet current best practice guidance. This was discussed with the manager, who agreed to undertake a review of all of the home's window restrictors and upgrade accordingly; an area for improvement was identified. Further information is available from the Health and Safety Executive NI in guidance document ['Falls from windows and balconies in health and social care HSIS5'](#).

3.2.2 Health & Safety, Building Services & Statutory Controls

The previous inspection had identified an area for improvement pertaining to the completion of the fire risk assessment action plan resulting from the fire risk assessment completed on the 14 May 2024. A discussion with the manager confirmed the actions had been completed, however there was no documented evidence to confirm that the actions had been completed in a timely manner; the area for improvement was stated for a second time.

3.2.3 Staffing

We discussed staffing arrangements with the manager who told us that staff currently employed had completed a period of induction and mandatory training; staffing levels will be kept under review once admissions commence for the two additional bedrooms, to ensure the assessed needs of the patients are met.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The duty rota evidenced the use of correction fluid to make amendments. This was discussed with the manager for immediate review and action as appropriate; an area for improvement was identified.

There was a system in place to monitor staffs' compliance with mandatory training.

3.2.4 Admission arrangements

We discussed the plan in place for admissions to the home with the manager. The home aims to offer patients choice and independence in a supportive environment. The Patients' Guide was reviewed prior to the inspection. It was found to contain relevant information regarding the aims and objectives, facilities available and the philosophy of care of the home.

3.2.5 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*	6*

* the total number of areas for improvement includes one that has been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Femina Marmento, 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 27 (4) (a) Stated: Second time To be completed by: With immediate effect (5 March 2025)	<p>The registered person shall ensure appropriate records are retained to evidence completion of actions identified in the fire risk assessment.</p> <p>Ref: 3.2.2</p> <p>Response by registered person detailing the actions taken: The registered provider/director can ensure that appropriate records are retained immediately to evidence the completion of actions identified in the fire risk assessment and signed by each individual person performing the tasks. These records will be accurately maintained, securely stored, and readily accessible for review, demonstrating compliance with fire safety regulations. Regular reviews will be conducted by Directors under Regulation 29 to confirm that records remain up to date and reflect ongoing fire safety measures.</p>
Area for improvement 2 Ref: Regulation 32 (h) Stated: First time To be completed by: With immediate effect (5 June 2025)	<p>The registered person shall ensure that a variation application is submitted to RQIA without further delay and prior to the commencement of any work in the home. The variation must clearly state which bathroom will be fitted with a bath. Work should not proceed until the application has been reviewed and approved in principle.</p> <p>Ref: 3.2.1</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that a variation application is submitted to RQIA without delay and before any work begins in the home. The application will clearly specify which bathroom will be fitted with a bath. No work will proceed until the application has been reviewed and approved in principle by RQIA.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for Improvement 1 Ref: Standard 18	<p>The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines “when required” for the management of distressed reactions.</p>

<p>Stated: First time</p> <p>To be completed by: With immediate effect (4 & 5 October 2023)</p>	<p>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.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 October 2023)</p>	<p>The registered person shall ensure that personal medication records include prescribed thickening agents and the recommended consistency level.</p> <p>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.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 October 2023)</p>	<p>The registered person shall ensure that the temperatures of all medicines storage areas are maintained below 25°C. Appropriate action must be taken if the temperature exceeds the recommended limit.</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 October 2023)</p>	<p>The registered person shall ensure that a robust audit system is implemented covering all aspects of medicines management. Any issues identified through audit should be addressed through an action plan and any incidents identified reported appropriately and the learning shared with all staff.</p> <p>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.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 March 2025)</p>	<p>The registered person shall ensure that the use of correction fluid to alter the staff rota ceases with immediate effect.</p> <p>Ref: 3.2.3</p>
<p>Area for improvement 6</p> <p>Ref: Standard E10</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2025</p>	<p>Response by registered person detailing the actions taken: The registered person can ensure that the use of correction fluid to alter the staff rota was ceased immediately. All amendments to the rota will be made in a transparent manner, following best practices for record-keeping and compliance with regulatory standards.</p> <p>The registered person shall ensure that window openings throughout the home are controlled to a safe point of opening of not more than 100mm and cannot be overridden by residents.</p> <p>Ref: 3.2.1</p> <p>Response by registered person detailing the actions taken: The registered person can confirm that all windows have been fitted with window restrictors (Key-Locking Window Cable Restrictor SKU: TRU-2211-1003 MPN: TRU-2211-1003 to comply with EN 13126-5:2011 + A1:2014) and in compliance with regulations.</p>

Please ensure this document is completed in full and returned via the Web Portal



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



Web: www.rqia.org.uk



Twitter: @RQIANews