

Inspection Report

Name of Service: Dunlarg Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 13 May 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:	Healthcare Ireland No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Nontobeko Nqwababa – not registered
<p>Service Profile – This home is a registered nursing home which provides general nursing care for up to 50 patients. It also provides care for patients living with dementia, with a physical disability or learning disability. The home is divided into two units known locally as The Keady Unit and The Armagh Unit. Bedrooms and communal rooms are located over one floor. Patients have access to dining and lounge areas within each unit.</p> <p>A residential care home is attached to the nursing home and the manager of the nursing home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2025, between 10.10 am and 5.00 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 18 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe and compassionate care was delivered to patients. 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. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement 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 patient's, 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 told us they were happy with the care and services provided. Comments made included "staff are very helpful, staff are the best" and "things are going great, the food is beautiful and there is good choice".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

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

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

Following the inspection, we received three completed relative questionnaires. Feedback from relatives was mixed and this information was shared with the manager. No staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of newly appointed staff recruitment records evidenced that reasons for gaps in employment were not always explored. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. 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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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

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 manage this aspect of care. However, review of the restrictive practice audits evidenced that they lacked detail as to the type of restraint and whether they were in accordance with the relevant care plan. An area for improvement was identified.

Some patients were availing of one to one support from staff. Review of patients' records evidenced that care plans lacked detail and were not patient centred. An area for improvement was identified.

An isolated incident was observed where an agency staff member failed to communicate with other staff to ensure the safety of a patient. This was discussed with the regional manager who agreed to address this with the staff member and agency concerned.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were 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. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussion with staff confirmed that the planned menu was not always adhered to due to external factors. Review of records confirmed that variations to the menu were not recorded. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. Activities planned for the week included arts and crafts, board games, hairdresser and music.

Patients were well informed of the activities planned and of their opportunity to be involved. Patients looked forward to attending the planned events.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

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.

Some patient care records were observed in the lounge areas not securely stored. This was discussed with the manager and assurances were given that this would be addressed. Discussion with the regional manager on the day of the inspection confirmed that the home would be changing from a paper to electronic system in the coming months. This arrangement will be reviewed at the next inspection.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. 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 and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

A small number of bedroom walls required painting and one identified bedroom required new flooring. Confirmation was received after the inspection that this had been addressed. This will be reviewed at the next inspection.

In a number of bedrooms, it was identified that prescribed topical creams were not stored securely. This was identified as an area for improvement.

Observation of the environment identified concerns that had the potential to impact on patient safety; access to toiletries in communal bathrooms. An area for improvement.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of staff practice to ensure compliance, however some IPC deficits were noted, namely: a number of shower chairs were found to be stained. This was identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Nontobeko Nqwababa has been the manager in this home since 31 March 2025.

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

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. However, it was not clear from the environmental audits reviewed who had responsibility to make improvements where deficits were noted and if the recommended actions had been addressed. This was identified as an area for improvement.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address their concerns.

Compliments received about the home were kept and shared with the staff team

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*	6

* The total number of areas for improvement includes one regulation that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Nontobeko Nqwababa, Manager and Karen Agnew, Regional 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 13 (4) Stated: Second time To be completed by: 8 April 2025	The registered person shall review the management of insulin to ensure that records of prescribing and administration are clear and complete. Ref: 2.0 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 14 (a) (c) Stated: First time To be completed by: 13 May 2025	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is in relation to the safe storage of toiletries. Ref: 3.3.4 Response by registered person detailing the actions taken: A review of the storage of toiletries was undertaken . Supervision was completed with staff and this is being re-inforced during Safety Huddle sessions. Compliance will be monitored during daily managers walkarounds and during monitoring visits completed by the Senior Management team

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 38 Stated: First time To be completed by: 13 May 2025	The registered person shall ensure gaps in employment are explored before staff commence working in the home. Ref: 3.3.1
	Response by registered person detailing the actions taken: This was completed on the day of the Inspection, staff member present to explain the discrepancy. The requirement to seek employment history back to age 18 has been reinforced with the Hr Team and recruiting managers.
Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: 31 May 2025	The registered person shall ensure that the system in place to monitor the use of restrictive practice is accurate. Ref: 3.3.2
	Response by registered person detailing the actions taken: The register of restraint will be maintained and updated at a minimum monthly unless there is a change in circumstances sooner
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 31 May 2025	The registered person shall ensure detailed and patient centred care plans are in place for those availing of one to one care. Ref:3.3.2
	Response by registered person detailing the actions taken: The careplans have been updated and made accessible to all staff providing one-to-one support Staff to ensure daily documentation reflects ongoing observation, engagement, and behavioural responses, this is being reinforced daily at handover and will be monitored by the manager/ the regional support manager and Regional Manager during monitoring and support visits to the home

<p>Area for improvement 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2025</p>	<p>The registered person shall ensure that prescribed topical creams are stored safely and securely.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: A review of creams in residents bedrooms have been undertaken and these will be stored in residents drawers moving forward</p>
<p>Area for improvement 5</p> <p>Ref: Standard 45.5</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2025</p>	<p>The registered person shall ensure that shower chairs are thoroughly cleaned in line with IPC and best practice guidelines.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been discussed with the care and domestic teams within the home and compliance will be monitored during managers daily walkarounds</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p>	<p>The registered person shall ensure that environmental audits include where required a clear action plan, the person responsible for completing the action and appropriate follow up to ensure any identified actions are addressed.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: The action plan in question has been completed and actioned . This has been discussed with auditor and learning derived .</p>

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