The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Peninsula Care Home

Provider: Dunluce Healthcare Newtownards Ltd

Date of Inspection: 7 October 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Dunluce Healthcare Newtownards Ltd
Responsible Individual:	Mr Ryan Smith
Registered Manager:	Mr Dario Vieira

Service Profile –
This home is a registered nursing home which provides nursing care for up to 40 patients. The home is divided in two units; the Willow Suite which provides care for up to 20 patients living with dementia; and the Starling Suite which provides general nursing care for up to 20 patients under and over 65 years of age.

Patients' bedrooms are located on the ground floor. Patients also have access to communal lounges and dining areas within each unit and a centralised garden area with access to seating.

There is a separate registered residential care home which occupies the same building; this service is managed by a different registered manager**.**

2.0 Inspection summary

An unannounced inspection took place on 7 October 2025, from 9.15 am to 6.00 pm by two care inspectors.

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.

Whilst improvements were observed in relation to direct care delivery since the previous inspection, RQIA were concerned that managerial oversight and governance systems in relation to the upkeep of the premises, notifications of accidents and incidents, reporting of safeguarding, fire risk, management of complaints and the effectiveness of the related audits were not as effective as they needed to be.

As a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns was held on 22 October 2025. RQIA were satisfied with the assurances from the provider and decided to take no further enforcement action.

As part of this inspection six 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 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: "They are looking after me very well. It is comfortable. The staff are mostly good. The food is very good some days and some days it is abysmal" and "I am happy with the care by in large. The staff are good and the food is ok."

Relatives commented positively about the overall provision of care and other services within the home. Comments included, "The home is clean and tidy. I have no concerns."

One visiting healthcare professional said, "There are no issues with communication with staff. There is follow through on plans of care and they manage patients well."

Staff spoken with said that The Peninsula Care Home was a good place to work and said the teamwork was good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "I enjoy my job", "I love the people here" and "The teamwork is pretty good."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

Some patients raised concerns during the inspection about the quality of services provides such as buzzer answering times and the quality of the food. Details are provided within the main body of the report. RQIA were satisfied following discussion with the management team that the matters raised would be addressed.

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 systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Many of staff working in the home did not have name badges to identify who they were and what role they worked in. This was discussed with the manager who confirmed staff should be wearing these and agreed to address this directly with the staff.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

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.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a risk of pressure damage to a patient's skin was identified a care plan to manage the patient's assessed need was not always in place; those care plans that were in place did not consistently or accurately detail the equipment needed such as a pressure relieving mattress or the frequency of repositioning that was required. An area for improvement was stated for a second time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. However, action plans were not consistently developed following the monthly review when shortfalls were identified. In relation to governance arrangements, an area for improvement was identified. This is discussed further in 3.3.5.

Observation of the lunchtime meal confirmed that patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with their needs. There was choice of meal at each mealtime and the food served looked appetising and nutritious.

Some patients said that they did not enjoy the food they were served and spoke negatively on the food provision. The quality of the food has been raised by patients on consecutive inspections. An area for improvement was identified.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as fit and fun, floor games, word puzzles, trivia challenge, dog therapy, baking and church services.

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 regularly reviewed although there was evidence they had not been consistently updated to reflect changes to patients' assessed needs. An area for improvement was identified.

Records were reviewed for an identified patient to assess the progress of a previous area for improvement around the completion of activity records. This area for improvement was stated for a second time.

Prescribed nutritional supplements consumed by at least three patients were not accurately and consistently recorded as part of their food and fluid intake records. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient.

While the home environment/décor is of a very high quality, the lack of a robust system to address the environmental deficits in a timely manner has the potential to impact on the lived experience of patients. Environmental concerns observed during previous care inspections had not been addressed; for example, stained carpets and armchairs in lounges, surface damage to

bedroom walls and damaged woodwork throughout the home and it was evident that the current system for recording environmental deficits was not working effectively. In order to drive the necessary improvements an area for improvement was identified. Assurances were provided during the meeting on 22 October 2025 that flooring would be replaced and painting had commenced alongside raising awareness and understanding of the reporting system.

Concerns about the management of general risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. Storage of combustible items was noted under the stairs. These matters were discussed with staff who took immediate action. An area for improvement was identified.

A small number of shortfalls in individual staff practice with infection prevention and control practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Dario Vieira has been the manager since 24 March 2025.

A review of the records of accidents and incidents which had occurred in the home found that these were generally managed correctly. However, there was evidence that at least three notifiable events had not been submitted to RQIA. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively. An area for improvement was stated for a second time.

Concerns were also identified in relation to the recognition and onward referral of potential adult safeguarding concerns to the Trust. This was discussed in detail with the manager during feedback and during the meeting on 22 October 2025. RQIA were satisfied with the assurances and actions to be taken. An area for improvement was identified.

There was a system in place to manage any complaints received. However, RQIA were aware prior to the inspection of a number of complaints that relatives had raised with management. Discussion with the manager evidenced that action had been taken to address the complaints but that records had not been maintained in line with standards and that any expression of dissatisfaction should be viewed as a complaint. An area for improvement was identified.

Systems for reviewing the quality of care, other services were in place. However, given the inspection findings, further work was required to ensure the governance systems were robust to identify and drive the necessary improvements. This included the report prepared on behalf of the responsible individual in accordance with Regulation 29. During the meeting on 22 October 2025 details of the responsible individual's plans to enhance their oversight arrangements were shared and will be reviewed at the next care inspection. An area for improvement was identified.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	6*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Dario Vieira, Registered 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:** First time **To be completed by:** With immediate effect (6 February 2025)	The registered person shall ensure medication administration records generated in the home are checked and signed by two trained members of staff to verify that they are accurate. 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 30 (1) (d) (f) **Stated:** Second time **To be completed by:** 7 October 2025	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively. Ref: 2.0 and 3.3.5 **Response by registered person detailing the actions taken**: The Nurse Manager has submitted retrospectively the relevant notifications of incidents. All the incidents are logged, reviewed daily, and cross checked with RQIA notifiable categories to ensure nothing is missed. A montly audit incident report is completed to ensure timely submission and ongoing compliance.
Area for improvement 3 **Ref**: Regulation 27 (2) (b) (d) **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall ensure that the system to address environmental deficits is well understood, implemented by staff and effective in identifying and managing deficits in a timely manner. Ref: 3.3.4 **Response by registered person detailing the actions taken:** There is a robust system in place.
Area for improvement 4 **Ref:** Regulation 27 (4) (d) (i) (iii) **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall ensure that the practice of storing combustible items under the stairs ceases with immediate effect. Ref: 3.3.4 **Response by registered person detailing the actions taken**: The registered person has ensured that all potentially combustible items have been removed from under the stairs with

	immediate effect, and staff have been instructed that this ares must remain clear at all times. Daily walk-arounds are now in place to ensure ongoing compliance
Area for improvement 5 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall ensure that any suspected or alleged incidents of a safeguarding nature are reported to the relevant persons and agencies in accordance with local Adult Safeguarding Policy and Procedures. This may include referral to a patient's care manager/keyworker, the adult safeguarding gateway team and/or RQIA. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered manager has ensured that all staff are trained and fully aware of their duty to report any suspected, alleged, or actual incidents of safeguarding in line with the Adult Safeguarding Policy and procedures. All incidents are documented and escalated immediately in accordance with regulatory requirements to manager/keyworker, the Adult Safeguarding gateway team and/or RQIA.
Area for improvement 6 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall review the home's current governance systems, including the Regulation 29 visit, to ensure that they are sufficient to identify and drive the necessary improvements. Ref: 3.3.5
	Response by registered person detailing the actions taken: The newly appointed regional nurse manager will now take charge in completing the monthly Regulation 29. This will be done in support of the nurse manager. The QIP will take priority when completing the regulatory visits. The regional manager will inspect if the home has met or working towards meeting the QIP. All other aspects of care and standards will be taken into account during the monthly inspection alongside the RQIA QIP. The Regional manager will make a monthly report and the nurse manager to make and action plan. This is a joint work, making sure the home is managed under the care home standards.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	

Area for improvement 1 **Ref:** Standard 23.2 **Stated:** Second time **To be completed by:** 7 October 2025	The registered person shall ensure that patients at risk of pressure damage have an appropriate care plan in place which includes details of the pressure relieving equipment required and the frequency of repositioning. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The registered manager carries out a monthly mattress audit, this willl review the care plan in place for skin integrity to ensure this contains the correct information about type of pressure reliveing equipment in use, reason for this and frequency of repositioning.
Area for improvement 2 **Ref:** Standard 11 **Stated:** Second time **To be completed by:** 7 October 2025	The registered person shall ensure that person centred activity records are retained. These should reflect the patient's individual likes and preferences. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: The registered manager has now created for each unit an activitiies folder. This will contain Me and My Life document reflecting the likes and dislikes of each resident in relation to activities, making it person centred care. The document will be reviewed every 6 months to ensure the activities offered are still relevant.
Area for improvement 3 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall review the comments made during the inspection about the quality/choice of the meals to ensure patient satisfaction. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager held a relatives and residents meeting, during this comments about food and preferences were taken into account in the development of a new winter menu.
Area for improvement 4 **Ref:** Standard 4.7 **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall ensure that patient care plans are kept under regular review to ensure they reflect changes to patients' assessed needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has incresed the number of resident records being audited monthly to ensure a better oversight and follow up with the nurses responsible for updating the care plans.

Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall ensure that nutritional supplements are recorded as part of patients' food/fluid intake records. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager will ensure that all staff nurses, administering prescribed nutritional supplemets to residents, are recording these as part of patient`s food/fluid intake records.
Area for improvement 6 **Ref:** Standard 16.11 **Stated:** First time **To be completed by:** 7 October 2025	The registered person shall ensure that any expressions of dissatisfaction are managed in accordance with the home's policy and procedure, regulatory requirements and regional procedures. Staff involved in receiving or managing complaints are trained in how to do so commensurate with their role and function in the home. Ref: 3.3.5
	Response by registered person detailing the actions taken: The home's complaints procedure has been reviewed with all staff. Any expressions of dissatisfaction are logged and managed in accordance with the home's policy, regulatory requirements, and regional guidance. These records will indicate the nature of the complaint. Details of the complainant, actions to be taken for resolution, lessons learned and reflections.The purpose of this is to be able to recognise patterns and reduce recurrence of same issues in the future where possible. Complaints audit will be carried out monthly. It will capture key patterns and trends with action plan and shared learning with the staff. Face to face training arranged with staff nurses, clinical leads and deputies to ensure appropriate management of complaints.

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