The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Peninsula Care Home

Provider: Dunluce Healthcare Newtownards Ltd

Date of Inspection: 20 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:	Dunluce Healthcare Newtownards Ltd
Responsible Individual:	Mr Ryan Smith
Registered Manager:	Mr Dario Vieira – not registered

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 20 May 2025 from 9.00 am to 7.20 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.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; governance and oversight arrangements, monitoring of staff registration with professional bodies, medication management, management of records and record keeping.

As a result of this inspection 13 areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been stated again or carried forward and 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 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 with the care I am getting" and "The staff are ok. I have no worries."

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.

Relatives commented positively about the overall provision of care within the home. Comments included: "My relative has been here for over a year. We are very happy with the care. We know the staff very well and we have no concerns" and "I am very happy with the care my mother is getting."

Staff spoken with said that The Peninsula Care Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. One staff member said, "I love it here, especially the dementia unit."

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

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.

Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC). However, audit records reviewed evidenced deficits in recording of staff registration with both the NMC and NISCC. This was discussed with the deputy manager who gave assurances these checks would be completed for all staff and evidence all outstanding actions required. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role 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.

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 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.

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Medication was observed on a bedside table of an identified patient. Discussions with staff confirmed the medication had been administered to the patient that morning, although they had not taken it. This was discussed with the deputy manager who gave assurances that medicine administration competencies would be addressed with the identified staff member. This

information was shared with the aligned pharmacy inspector. An area for improvement was identified.

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 safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Pressure management risk assessments had been completed. Where a risk of pressure damage was identified a care plan was not always in place; those care plans that were in place did not consistently detail the equipment required and frequency of repositioning that was required. An area for improvement was identified.

Many patients were nursed on a pressure relieving mattress; several of the mattresses were not set in accordance with the patients' weights. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

Oral healthcare was assessed on admission and plans of care were in place to direct staff in how to meet this need. However, care records did not consistently evidence if oral care had been delivered. 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.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. 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 the patients' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good. Discussion with staff and review of records confirmed that there was no choice of meal for those patients who required a modified diet. This was discussed with the deputy manager and an area for improvement 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. Jigsaws, puzzles and books were readily accessible to patients in lounge areas.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, it was noted that patient menu choice records were not managed or retained in keeping with legislative requirements and best practice guidance. An area for improvement was identified.

Records reviewed for an identified patient in receipt of one to one care contained entries which did not reflect the patient's likes and preferences, the entries were also repetitive and not person centred. This was discussed with the management who provided assurances that additional supervision and support would be given to staff in this area. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. 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 neat and tidy and patients' bedrooms were personalised with items important to the patient. The home was decorated to a very high standard although surface damage was evident throughout the home in both patient bedrooms and communal areas to multiple walls Some floor coverings were stained and a trip hazard was noted at the entrance to the building. This was discussed with the responsible individual who provided assurances that these works would be addressed between the contractor who built the home and the maintenance team without delay.

Fire safety measures were in place to protect patients, visitors and staff in the home. The responsible individual confirmed no actions were required from the most recent fire risk assessment.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Dario Vieira has been the manager in this home since 12 November 2024.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that not all notifiable events were notified appropriately. At least three notifiable events had not been submitted to RQIA. The

deputy manager agreed to audit the accidents and incidents and notify RQIA retrospectively. An area for improvement was identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Given the inspection findings, a further period of time is required to embed governance and oversight arrangements, this includes the monthly monitoring process and oversight of action plans as part of the overall governance systems. An area for improvement was stated for a third time. Failure to meet this area for improvement may lead to enforcement action.

There was a system in place to manage any complaints received. However, review of complaint's records evidenced shortfalls in how some complaints were recorded, particularly in relation to investigations held and outcomes. This was discussed with senior management who agreed to complete any necessary documentation retrospectively and review their current complaint documentation.

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.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	10*	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Claire Hughes, Deputy Manager, and Mr Ryan Smith, Responsible Individual, 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 personal medication records are accurate and up to date. 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 13 (4) **Stated:** First time **To be completed by:** With immediate effect (6 February 2025)	The registered person shall ensure that records of prescribing and administration of thickening agents are accurately maintained by care assistants and include the recommended consistency level. 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 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect (6 February 2025)	The registered person shall review the management of insulin to ensure that personal medication records and care plans are up to date and include sufficient detail to direct care. 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 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect (6 February 2025)	The registered person shall review the management of 'red list' medications to ensure care plans are in place with sufficient detail to direct care. This should include details of monitoring, ordering and supply. 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 5 **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 6 **Ref**: Regulation 10 (1) **Stated:** Third time **To be completed by:** 20 May 2025	The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning. Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: The registered manager reviewed the monthly audit planner to ensure all care areas are appropriately addressed. The manager will use a clear action planning template for all audit outcomes ensuring that responsibilities and deadlines for completion are clearly documented. The manager will carry out regular monthly meetings with both deputies and clinical leads to review audit results, outstanding actions, complaints, incidents, and other areas of concern.
Area for improvement 7 **Ref**: Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 20 May 2025	The registered person shall ensure that a robust system is maintained to monitor staff registration with the Nursing and Midwifery Council and the Northern Ireland Social Care Council at all times. Ref: 3.3.1
	Response by registered person detailing the actions taken: A monthly audit is carried out to confirm current NMC and NISCC registration. The audit has been reviewed to ensure all members of staff status is being reviewed. The NISCC register will contain start dates of all employees to ensure a timely registration and compliance. An action plan will be completed for any outstanding registrations
Area for improvement 8 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall review the process for the administration of medicine and ensure that nurses remain with patients until medication has been administered. Ref: 3.3.2

To be completed by: 20 May 2025	**Response by registered person detailing the actions taken**: The registered manager will ensure that all nursing staff medication competencies are reviewed and up to date. Also, medication rounds` observations will be carried out on a monthly basis. An area of concern was carried out with Staff nurse involved with the medication incident witnessed during the inspection, and further training planned with Clear Pharmacy to ensure safe medication administration at all times These findings were discussed with the nursing staff at a nurses meeting.
Area for improvement 9 **Ref:** Regulation 30 (1) (d) (f) **Stated:** First time **To be completed by:** 20 May 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: 3.3.5
	Response by registered person detailing the actions taken: An audit has been carried out for all accidents and incidents from January 2025 to ensure that any notifications that were missed are submitted retrospectively. The current accident and incident monthly audit was revised to ensure that areas previously overlooked are now consistently addressed. This helps ensure that any incidents requiring notification to RQIA are promptly identified appropriately reported. This is also being discussed at monthly governance meetings with deputies and clinical leads. An up-to-date document on statutory notifications and incidents and deaths is available for staff reviewing incidents and accidents to ensure notifiable events are sent to RQIA.
Area for improvement 10 **Ref:** Regulation 19 (2) and (3) (b) **Stated:** First time **To be completed by:** 20 May 2025	The registered person shall ensure that patient menu choice records are effectively maintained and are available for inspection at all times. Ref: 3.3.3
	Response by registered person detailing the actions taken: It is now practice to keep patient menu choices in a designated folder at the end of every shift. These are then being reviewed by the manager when completing the SALT audit to ensure that appropriate levels of food are being provided.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 23 **Stated:** Second time	The registered person shall ensure that patients' pressure mattress settings are maintained in accordance with the patients' weights. Ref: 2.0 and 3.3.2
To be completed by: 20 May 2025	**Response by registered person detailing the actions taken:** A checklist is now available for staff to complete on a daily basis to ensure that the settings on airflow mattresses are correct in accordance with resident`s weight. This will be overseen by the nurse in charge The manager will also carry out a monthly mattress audit, which includes checking airflow mattress settings in line with current weights, as well as reviewing care plans and risk assessments for management of skin integrity, to ensure they remain appropriate to residents` needs
Area for improvement 2 **Ref:** Standard 6 **Stated:** Second time	The registered person shall ensure that care records accurately reflect when oral care is provided. Ref: 2.0 and 3.3.2
To be completed by: 20 May 2025	**Response by registered person detailing the actions taken:** The registered manager will ensure oral care training is provided to care staff from community dentists to ensure understanding of the importance of oral care and recording of this. The confirmed training dates for all nursing and care staff are 22nd July, 8th August and 16th of September Oral care for residents is also included as part of the induction process, Senior carers will emphasis on its importance, and nursing staff or delegated senior staff, will carry out observations to ensure that effective oral care is consistently provided on the floor An oral care audit will be carried out monthly by the manager. This will include ensuring that the care plans and care records match the needs and frequency of oral care for each resident.

Area for improvement 3 **Ref:** Standard 23.2 **Stated:** First time **To be completed by:** 20 May 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: 3.3.2
	Response by registered person detailing the actions taken: The registered manager will carry out a monthly audit to ensure that all residents identified as being at risk of pressure damage have an appropriate care plan in place. The care plan will document the type of pressure relieving equipment required, along with the recommended frequency of repositioning based on individual needs and risk assessments (Braden) Repositioning charts are maintained as per care plan and overseen by nurse in charge daily Care plans are reviewed monthly or sooner if there is a change in the resident`s condition.
Area for improvement 4 **Ref:** Standard 12.3 **Stated:** First time **To be completed by:** 20 May 2025	The registered person shall review the provision of meals for those patients who require a modified diet to ensure there is a choice of meals. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager and the head chef have reviewed the menu and ensured that there is always a choice of two meals at every mealtime for people on a modified diet. Where a resident requests an alternative to the two offered options, their preferences are taken into account in a person-centred manner and efforts are made to facilitate the request. In order to develop these choices, training has been organized with a Trust dietitian for the chefs to ensure they are fully aware of the different options that can be offered.
Area for improvement 5 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 20 May 2025	The registered person shall ensure that person centred activity records are retained. These should reflect the patient's individual likes and preferences. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has reviewed the activities documentation and ensured that all Me and My Life booklets, containing personal information for each resident, are completed. These booklets contain information about resident`s past life, likes and dislikes to help better understand their preferences and support meaningful engagement in activities

	There is now a six-monthly review of activities to ensure that the preferences and activities are still relevant to the resident based on their likes, dislikes, needs, wishes, and risk assessments to ensure a holistic approach. These details are also included in a personalized care plan which is kept up to date and reviewed monthly. These documents are completed in consultation with the residents and their families

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

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