

# Inspection Report

<b>Name of Service:</b>	<b>The Peninsula Care Home</b>
<b>Provider:</b>	<b>Dunluce Healthcare Newtownards Ltd</b>
<b>Date of Inspection:</b>	<b>1 July 2025</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>	Dunluce Healthcare Newtownards Ltd
<b>Responsible Person:</b>	Mr Ryan Smith
<b>Registered Manager:</b>	Mrs Ashley Robinson
<p><b>Service Profile –</b>  This home is a registered residential care home which provides health and social care for up to 40 residents.</p> <p>The home is divided in two suites which are located on the first floor. The Brent Suite provides care for a maximum of 20 residents living with dementia and the Heron Suite provides care for a maximum of 20 residents with a physical disability and/or aged 65 years or over.</p> <p>Residents' bedrooms all have ensuite facilities. Residents have access to a range of communal lounges, dining rooms and an enclosed garden area.</p> <p>There is a separately registered nursing home which occupies the same building with a separate registered manager.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 1 July 2025, from 9.00 am to 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 17 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement will be reviewed at the next medicines management 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 resident'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**

Residents spoken with said that the staff were "very good" and that they "do their job well." Comments included, "I am happy here, we are well looked after," "I could not speak highly enough of the care staff" and "you could not get better care staff."

Some residents and visitors shared their dissatisfaction regarding the quality of food in the home. This was discussed with the management team who confirmed that they were aware of this issue, actions have been identified and it remains under review by the management team in the home.

Residents told us that they were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices. A review of records indicated that resident dissatisfaction with meals had been discussed.

One relative spoken with said, "I don't want my relative to go anywhere else, it is great here, the staff are fantastic," another visitor told us "the manager and her team are fantastic, it is a great home, I am very happy."

Staff said that they enjoyed working in The Peninsula Care Home, staff said; "I love it," and "this is a good place to work, there is great support from the manager, she is very hands on."

No additional feedback was received from residents, relatives or staff following the inspection.

### **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 residents. There was evidence of robust systems in place to manage staffing.

Two new members of staff confirmed that they had received an induction which included shadowing experienced staff and completing mandatory training.

Residents said that there was enough staff on duty to help them. Staff said that there was good team work, they felt well supported in their role and they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, some staff supported residents in the lounge areas to play games, while other staff were observed chatting and joking with residents in the communal areas.

Review of staff training evidenced that for some support staff, for example domestic and kitchen staff Mental Capacity Act (MCA) training had not been completed. An area for improvement was identified.

#### **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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, throughout the day staff were observed using encouragement and gentle, respectful humour to support residents to join in activities and to come for their meals.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents' choice in how and where they spent their day or how they wanted to engage socially with others.

There was evidence that residents were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

At times some residents 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 residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to minimise this risk of falls should be put in place. Examination of supplementary records showed inconsistencies in the recording of post fall observations. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement to full assistance from staff and the diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support residents with their meal. Although the meal served appeared appetising, a number of residents have complained about the quality of food served in the home recently. This was discussed with the management team during feedback.

Staff understood that meaningful activity was not isolated to the planned social events or games. An activities schedule was in place for residents to take part in if they wished to do so. Residents commented positively about the provision of activities provided in the home, comments included, "there is loads to do during the day," and "there are activities every afternoon, they give you a schedule every week."

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Activities for residents were provided which involved both group and one to one activities. Birthdays and annual holidays were celebrated and residents and their families confirmed the on occasions residents, families and staff attended larger events, for example barbeques in the gardens.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

It was noted that resident menu choice records were not retained in keeping with legislative requirements and best practice guidance. An area for improvement was identified.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Some walls throughout the home were slightly marked, this was discussed during feedback and assurances were provided that this would be addressed.

The home was designed to support residents living with dementia. For example; the home was well lit with contrasting colours throughout. The communal areas and bedrooms were spacious which ensured that residents could navigate the home safely.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

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 no change in the management of the home since the last inspection.

Residents, relatives and staff commented positively about the manager, referring to her as "very hands on" and "supportive."

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. 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/or the quality of services provided by the home.

## 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
<b>Total number of Areas for Improvement</b>	3*	3*

\* The total number of areas for improvement includes three which have been carried forward for review the next medicines management inspection at.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time / <b>To be completed by:</b> 23 January 2025	The registered person shall review the management of insulin to ensure that personal medication records and care plans are complete and kept up to date.  Ref 2.0
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 January 2025	The registered person shall review the management of medicines prescribed 'when required' for distressed reactions to ensure that personal medication records and care plans are kept up to date with the latest prescribed medication.  Ref 2.0
	<b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19  <b>Stated:</b> First time  <b>To be completed by:</b> 7 July 2025	The registered person shall ensure that resident menu choice records are retained for inspection.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> The registered manager has created a file for menu choices to be stored in for inspection.

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022 (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 23 January 2025	The registered person shall ensure person centred care plans are in place for the management of pain and are kept up to date to reflect the resident's current needs.  Ref 2.0
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2025	The registered person shall ensure that staff who work in the home receive mandatory training as appropriate to their role. This area for improvement includes but is not limited to mandatory training with regards to Mental Capacity Act training.  Ref 3.3.1
	<b>Response by registered person detailing the actions taken:</b> The registered manager has now insured all training in Mental Capacity Act is completed for all staff working in the home.
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> 7 July 2025	The registered person shall ensure post falls observations are recorded according to the homes post fall policy and best practice guidance.  Ref 3.3.2
	<b>Response by registered person detailing the actions taken:</b> The registered manager has a monthly audit in place to ensure all observations and falls documentation is completed.

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



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



**Twitter:** @RQIANews