



# Inspection Report

**Name of Service:**

**The Peninsula Care Home**

**Provider:**

**Dunluce Healthcare Newtownards Ltd**

**Date of Inspection:**

**17 September 2024**

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

### Service Profile

This home is a registered residential care home which provides health and social care for up to 40 residents.

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.

Residents' bedrooms all have ensuite facilities. Residents have access to a range of communal lounges, dining rooms and an enclosed garden area.

There is a separately registered nursing home which occupies the same building with a separate registered manager.

## 2.0 Inspection summary

An unannounced inspection took place on 17<sup>th</sup> September 2024, from 9:00 am to 5:30 pm by two care inspectors.

This was the first inspection since the opening of the home in 3<sup>rd</sup> May 2024. 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.

The inspection established 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 evident 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.

There were no previous areas for improvement. There were no conditions placed on the home's registration.

Areas for improvement were made in relation to residents care plans, staff's hand hygiene and the wearing of personal protective equipment (PPE). This can be viewed in more detail in section four.

## **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.

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 said that living in the home was "marvellous". Residents spoken with said that they only had positive things to say about living in the home. Comments included, "The level of care here is great," and "The staff here could not be better, they are very kind."

One resident told us "There is always a choice at meal times and if you don't like that choice they will offer you something else." Some residents commented negatively with regards to the provision of food in the home; this is further discussed in section 3.3.2.

Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

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

There was evidence that there was a range of activities offered to the residents regularly. Residents were observed to be engaging in meaningful activities and interacting with one another in a relaxed way and having fun.

One residents' relative said, "All is ok, the staff are all very welcoming."

Staff told us that they enjoyed working there and that items or products required to provide good care were made freely available to them.

No completed questionnaires or responses to the staff survey were received 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.

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. Staff were observed to have good knowledge of the residents and knew how best to help them. Observation of the delivery of care evidenced that residents' needs were met compassionately by the number and skills of the staff on duty.

#### **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 skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, staff were observed to facilitate residents having tea and scones in their preferred location.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were also observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to choose where they wanted to spend their time whether this was to read the newspaper, chat to one another or enjoy the outside views.

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 reduce this risk were put in place. A sample of care records such as risk assessments in relation to falls were found to be under regular review.

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 through to full assistance from staff and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents' nutrition and mealtime experience.

There were enough staff present to support residents with their lunch time meal. The food served smelt and looked appetising and nutritious. However, some residents indicated that they were unhappy with the quality of the food provided in the home. Details were discussed with the manager and evidence was provided that adequate actions had recently been taken to address the residents' concerns with regards to this issue.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as seated yoga, baking, card games and vintage car displays.

The weekly programme of social events was reviewed and in the absence of the activity therapist, staff facilitated meaningful activities for the residents. Residents were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned morning activity confirmed that staff knew and understood residents' preferences and wishes. Staff helped residents to participate in planned activities or supported them to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come. On the day of inspection, the planned activity was Bingo.

Residents were observed to be enjoying one another's company in the lounge while being able to enjoy their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

Residents also 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, the planning of activities and the provision of meals.

### **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. Staff completed assessments detailing risks associated with the residents in a timely manner and reviewed these regularly.

Review of a sample of resident care plans evidenced that they did not always reflect the residents' current care needs. For example, for those residents who required deprivation of liberty safeguards (DoLS) there was no care plan in place to evidence this. An area for improvement was identified.

Not all care plans were person centred, for example one care plan lacked evidence of the communication needs of a resident. A further care plan lack evidence of a residents' specific care needs while other care plans had not been updated with residents' end of life wishes. The importance of ensuring that all care plans are up to date and reflective of the resident's current needs was discussed with the manager. The manager agreed to review and update resident care plans, an area for improvement was identified.

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

The home was clean, tidy and well maintained. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The communal areas had 'homely' touches such as books, newspapers and magazines. There was good signage outside bathrooms and lounge areas to assist residents with dementia to maintain a level of independence in moving around the home and to recognise specific rooms. Bedroom doors had residents' photographs and names in order that their own room might be identifiable to them.

A number of staff were observed not washing their hands correctly or at appropriate times, for example during the lunch time meal or after contact with residents. Staff also wore nail polish or false nails. This was discussed with the manager and an area for improvement was identified.

Inappropriate use of PPE was observed throughout the day; for example, during the lunchtime meal, staff did not change their aprons when re-entering the dining room. In addition to this staff were observed incorrectly donning and doffing aprons and gloves.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Ashley Robinson has been the manager in this home since 3 May 2024.

Residents, their relatives and staff commented positively about the manager and described her as very supportive and always available to them.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address their concerns. Residents confirmed that any complaints raised had been dealt with quickly and respectfully.

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 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>	0	4

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 Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2024	The registered person shall ensure that care records in relation to a residents' deprivation of liberty safeguards (DoLS) are kept under review and up to date.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> The registered manager has all Dols careplans in place
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2024	The registered person shall ensure that care plans are person centred and reflect the outcomes of the assessment of need of the assessment process.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> The registered manager will ensure all care plans are assessed and person centred as per each resident. Care plan training has been completed for all senior staff by an experienced external consultant.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 September 2024</p>	<p>The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff carryout effective hand hygiene measures at appropriate times.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager shall carry out hand audits. Infection control training has been booked for all staff.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 September 2024</p>	<p>The registered person shall ensure that the effectiveness of staff IPC and PPE training on practice and procedures is evaluated as part of quality improvement; and to ensure that training is embedded into practice.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager shall complete audits with staff on duty, infection control training has been booked for all staff.</p>

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



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