The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Dunlarg Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 4 November 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

Service Profile
This home is a registered residential care home which provides health and social care for up to eight residents with mental health and frail elderly needs over 65 years of age.

Accommodation is provided on ground floor level and all residents are accommodated in single bedrooms. Residents have access to communal areas and a secure outdoor space.

There is a nursing home located in the same building and the manager manages both homes.

2.0 Inspection summary

This unannounced care inspection took place on 4 November 2025 from 10.00am to 3.30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the previous areas for improvement identified at the last RQIA inspection on 18 October 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, 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.

The home was found to be clean and bedrooms were personalised with items which were important to residents.

Staff were found to be knowledgeable in relation to the needs of the residents and responded promptly to calls for assistance.

Residents were observed to be comfortable in their environment and in their interactions with staff. Residents praised the meal provision in the home.

Four areas for improvement from the last inspection were assessed as being met by the provider and one area for improvement was carried forward for review to the next inspection. Full details, including four 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 residents, 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 during the inspection made the following comments: "It is a good place here. I am happy enough and I am well cared for. The food is very good." "I like it in here; I feel very safe and well cared for. The food is good."

Some residents raised concerns in relation to the staffing levels in the home. These comments were shared with the regional manager at inspection feedback for follow up. This will be reviewed at the next inspection.

One relative spoken with advised that they were very happy with the care provided in the home; that there was always plenty of staff around and that there was good communication from the staff team.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff also praised the teamwork and that they all help each other out. However one staff member also raised concerns about the staffing arrangements in the home specifically when staff are off on leave. This was also shared with the regional manager for follow up and will be reviewed at the next 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.

Review of the staff duty rota confirmed that it accurately reflected the staff on duty. Competency and capability assessments were completed for those staff who were in charge of the home, in the absence of the manager. The records of training were reviewed and identified that there was good compliance with staff training.

It was noted that staff received an annual appraisal, however there was no evidence of staff supervision being completed. This was identified as an area for improvement.

Review of the records of staff registration with the Northern Ireland Social Care Council (NISCC) confirmed that this was not accurately maintained. However further information was forwarded to RQIA following the inspection and all staff were found to be appropriately registered. This will be reviewed at the next inspection.

Residents said that there was enough staff on duty to help them on the day of the inspection. Staff said there was good team work and that they all supported each other in their role.

3.3.2 Quality of Life and Care Delivery

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

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

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.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

While staff were observed engaged in discussion with residents; there was no evidence of any activity planner or structured activities taking place in the care home. This was further reiterated by the residents and the staff. This was identified as an area for improvement.

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.

Overall, 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. It was noted that there were no care plans in place for residents with identified mental health needs. This was identified as an area for improvement.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained and residents' bedrooms were tastefully personalised with items important to them. Communal and dining areas were well decorated, suitably furnished, warm and comfortable. Bathrooms and toilets were clean and hygienic.

The most recent fire safety risk assessment which was available in the home was completed on 11 November 2024. Email confirmation was provided following the inspection to advise that a review of the fire safety risk assessment was completed on 12 November 2025. The manager was awaiting receipt of the updated assessment.

Systems and processes were in place to manage infection prevention and control, which included 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. Mrs Nontobeko Nqwababa is the manager of this home. One staff member spoken with advised that the manager was approachable.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Review of these records identified an incident, which was not correctly recorded, and RQIA were not informed. This was identified as an area for improvement.

There was a wide range of audits and quality assurance in place. These audits included; care records, hand hygiene, infection prevention and control, and health and safety.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

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	1	4*

* The total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 30 (1) **Stated:** First time **To be completed by:** As from the date of this inspection (4 November 2025)	The registered person shall ensure that detailed records are maintained of any incident which occurred in the home and reported to RQIA, as required. Ref: 3.3.5
	Response by registered person detailing the actions taken: The incident identified was notified to RQIA on the day of inspection. Discussions have taken place with the Home Manager and Deputy Manager and guidnance has been provided to remind them of the events which are reportable to RQIA.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 19.2 **Stated:** First time **To be completed by:** 19 October 2024	The registered person shall ensure that as part of the recruitment process all gaps in employment are explored. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** As from the date of this inspection (4 November 2025)	The registered person shall ensure that all staff receive formal supervision, no less than six monthly. Ref: 3.3.1
	Response by registered person detailing the actions taken: The inspection of the residential unit took place while the manager was on annual leave. The supervsion matrix for the residential unit was held alongside the matrix for the nursing unit and the deputy manager who was new to post was not aware of this. Supervision sessions have been undertaken with the staff team and are on track to ensure that all staff receive formal supervision no less than 6 monthly
Area for improvement 3 **Ref:** Standard 13 **Stated:** First time **To be completed by:** As from the date of this inspection (4 November 2025)	The registered person shall ensure that there is a structured programme of activities in place for residents and that this is displayed in a suitable location in the home. Ref: 3.3.2
	Response by registered person detailing the actions taken: Discussions have taken place with the Activity Therapist and she has been asked to display a full weeks activity programme on a poster in the residential unit in addition to writing the days activities on the white board in the unit foyer. This will mitigate against a possible oversight of staff forgetting to complete the whiteboard.
Area for improvement 4 **Ref:** Standard 6.2 **Stated:** First time **To be completed by:** 4 December 2025	The registered person shall ensure that care plans are reflective of the needs of the residents. This relates specifically to care plans for those with mental health needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: The identified care plan was completed on conclusion of the inspection . Discussion has taken place with the team to reiterate the need to have care plans completed for all aspects of care . A post admission tracking audit will be implemented for the next

	and subsequent admissions to allow for the Home Manager and Deputy Manager to evidence the satisfactory completion of all risk assessments and care plans within the required time frames

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

The Regulation and Quality Improvement Authority

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

Web: www.rqia.org.uk

Twitter: @RQIANews