The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Dunlady House**

Provider: **Dunlady House Ltd**

Date of Inspection: **30 January 2026**

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:	**Dunlady House Ltd**
Responsible Individual:	**Mr William Hugh Wilson**
Registered Manager:	**Mrs Femina Marmeto**
Service Profile – Dunlady House is a registered nursing home which provides nursing care for up to 68 patients. Bedrooms and communal lounges are located over two floors in which patients receive general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 30 January 2026 from 9.30 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 5 March 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection, a meeting was held with the home's management team on 11 February 2026 with the Intention to issue two, Failure to Comply notice/s in respect of:

Regulation 10.- (1) relating to management and governance arrangements

Regulation 27. - (4) (a)(b)(c)(e)&(f) relating to fire safety

At the meeting, the Responsible Individual and their representatives discussed the actions taken since the inspection and plans in place to address the inspection findings. A satisfactory action plan was presented and relevant documents were submitted to RQIA following the meeting. RQIA were sufficiently assured from the action plan provided and discussion held that action had been taken and would be taken to address the deficits identified; the decision was taken not to serve the FTC notices.

As a result of this inspection, four areas for improvement from the previous care inspection were assessed as met and four areas for improvement pertaining to medicines management have been carried forward for review at a future 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 in Section 4.

RQIA will continue to monitor the quality of the service provided and will carry out an inspection to assess progress with the areas for improvement on the Quality Improvement Plan (QIP).

Details of our enforcement procedures and the notices issued can be found on our web site www.rqia.org.uk

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. Comments from patients included,"Im well taken care of."

Staff spoken with said that Dunlady House was a good place to work and said the teamwork was very good. Comments from staff included, "I like it here."

We received a compliment from a relative of a patient indicating that they were very happy with the care and attention received from staff in Dunlady House.

Discussion with a relative confirmed that they were satisfied with the care and services provided to their loved one; comments made were shared with the manager for review and action as appropriate.

Two questionnaires were received from relatives following the inspection indicating satisfaction with the care and services provided in Dunlady House. Comments included; “great care given”.

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. A sample of recruitment records was reviewed, where shortfalls were identified in one record pertaining to a reference, this was discussed with the manager. Discussion did not provide assurance that a robust and effective management system was in place regarding staff recruitment; an area for improvement was identified.

A discussion took place with the manager to ensure the staff duty rota was clear and legible in line with good record keeping. Review of the staff rota evidenced that it did not include the full name of all staff, and no clear evidence that the manager reviewed and maintained oversight of the rota; two areas for improvement were identified.

A review of records evidenced varying degrees of compliance in staff training. Information provided following the inspection evidenced that improvements were required to ensure staff completed mandatory training. this was discussed at the meeting held with the Responsible Individual and representatives; an area for improvement was identified.

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.

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 patients.

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Patients were well presented and co-ordinated in their clothing. Whilst a small number of patients attended the musical afternoon in the day- room the majority of patients spent their entire day in their bedroom. With the exception of two patients, who were served their lunch in the day room and one patient who had their lunch in the reception area, all of the patients were provided with their meals in their room.

Care records did not evidence if patients were being offered a choice of having a shower or if they were receiving showers.

Discussion with the manager confirmed that suitable equipment to enable all patients to have a shower was not always available; no action had been taken to address the issue prior to the inspection. The availability of equipment was identified as an area for improvement.

Discussion with the manager and staff failed to provide assurance that patients were provided with choice with their daily routine. The need to ensure that patients are offered choice and encouraged and supported by staff to have a varied daily routine was discussed during the meeting on 11 February 2026 and an area for improvement identified.

It was further observed that net pants were not labelled for individual patients and were laundered together. The sharing of net pants does not support patient dignity or their right to wear clothes which are exclusively for their use. This was identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There are patients who may require support with meals ranging from simple encouragement to full assistance from staff. It was noted that patients received their meals in a timely manner, however, as previously discussed the majority of patients were served their lunch in their bedroom

A CCTV camera was installed in a communal space. Discussion with the management confirmed that this was to enable patients to enjoy, for example, musical activities from the comfort of their own bedroom, however discussion did not provide assurance that documentation to include policies and procedures, statement of purpose and service user guide had been updated to include applicable safeguards for the use of CCTV.

These areas were discussed during the meeting on 11 February 2026. An action plan was presented and the Registered Manager and representatives confirmed that work had been commenced and an action plan was in place with timescales to address the identified issues;

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.

Review of a selection of care records evidenced that care plans were generally in place to meet patients assessed needs, however, care plans reviewed lacked sufficient detail to evidence patient choice and did not reflect patients' preferences with regard to their care delivery. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to the patient such as paintings, photographs and ornaments. Bedrooms and communal areas were suitably furnished, warm and comfortable. The décor in some of the communal areas displayed photographs and artwork of the local area.

A review of the environment evidenced a number of works were ongoing. There was no evidence of any managerial oversight or timescale in place for completion of the works. There was no environmental action plan with agreed timescales in place.

This was discussed during the meeting on 11 February 2026 and RQIA requested that an environmental action plan be submitted for review; an area for improvement was identified.

The home's Fire Risk Assessment (FRA) had been completed on 26 March 2025 however, on the day of the inspection there was no evidence that required actions had been addressed despite this had been identified as an area for improvement at the previous two inspections.

Further concerns were identified in regard to fire safety management and the inappropriate storage of equipment which potentially compromised fire safety, training compliance rates for the online fire safety training and the completion of fire drills.

These issues were discussed at the meeting on 11 February 2026 and assurances provided that action had been taken to address the inappropriate storage, staff training and fire drills. Written assurances were submitted following the meeting to evidence that the necessary actions had been addressed in the fire risk assessment.

A number of bathrooms/shower rooms were cluttered with equipment, and there was evidence of ineffective cleaning in one bathroom; this was identified as an area for improvement

A number of environmental hazards were observed which had the potential to place patients at risk of harm, to include, topical medicines and toiletries were observed to be accessible in an unlocked bathroom cupboard and two tubs of prescribed thickening powder were noted to be stored in a patient's wardrobe; this was discussed at the meeting held with the Responsible Person and representatives; an area for improvement was identified.

Observation noted an oxygen cylinder inappropriately stored, this was discussed with the manager, who provided assurance that this would be immediately reviewed and actioned as appropriate; this will be reviewed at a future inspection.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Femina Marmeto has been managing the home since 17 February 2016.

A review of records evidenced that there was a lack of oversight and robust governance systems to assure the quality of care and other services provided by the home. A system of audits was in place, however, the audits provided during the inspection were last completed in October 2025. The audit system was not sufficiently robust to identify issues and drive the necessary improvements. Where audits were completed by other members of staff there was no clear evidence that the manager reviewed and maintained oversight of these records. An area for improvement was identified.

The home was visited each month by a representative of the Registered Provider to consult with patients, their relatives and staff to examine all areas of the running of the home.

Review of reports of these visits did not evidence the scope of concerns identified by RQIA or identify that the governance systems were failing to recognise or respond to concerns in a timely manner. The importance of ensuring that these monthly visits are robust in identifying issues was discussed during the meeting on 11 February 2026.

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	4	13*

* The total number of areas for improvement includes four standards that have been carried forward for review at a future inspection.

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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure that robust and effective management systems are in place regarding staff recruitment, to include evidence of oversight of the nurse manager. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Person confirms that recruitment and pre employment assurance processes have been strengthened to ensure full compliance with Regulation 21(1)(b). A standardised Recruitment File Checklist requiring Registered Nurse Manager sign off has been implemented, and oversight is now maintained through scheduled recruitment audits and weekly/monthly governance reviews. These measures ensure that all required checks are completed prior to commencement of employment and that safe recruitment practice is sustained.
Area for improvement 2 **Ref:** Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure that all staff complete mandatory training. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Person confirms that systems are in place to ensure all staff complete mandatory training. The training matrix is updated and monitored monthly, with progress reviewed through supervision and governance meetings. Staff are supported to complete training within required timescales, and persistent non compliance is escalated through performance management to ensure safe and compliant practice.
Area for improvement 3 **Ref:** Regulation 12 (1) (a) **Stated:** First time **To be completed by:** 30 January 2026	The registered person must ensure that the necessary equipment is available to the meet the individual showering needs of the patients. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Registered Nurse Manager has completed a full review of all showering equipment, and any required repairs or replacements have been actioned. Dunlady House is maintaining regular checks to ensure equipment remains safe, suitable, and responsive to residents' personal care needs

Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure that the home's current governance systems are sufficiently robust to identify issues and drive the necessary improvements. Where audits were completed by other members of staff the manager must maintain oversight of these records. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Person confirms that the home's governance systems have been strengthened to ensure they are sufficiently robust to identify issues and drive the necessary improvements. Where audits are completed by other members of staff, the Registered Nurse Manager maintains oversight of these records, reviews outcomes, and ensures that required actions are implemented. In addition, Regulation 29 monthly monitoring visits are completed, with findings reviewed by the Registered Person to provide external oversight and assurance that governance arrangements remain effective and improvements are sustained
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for Improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** With immediate effect (4 & 5 October 2023)	The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines "when required" for the management of distressed reactions.
	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 29 **Stated:** First time **To be completed by:** With immediate effect (10 October 2023)	The registered person shall ensure that personal medication records include prescribed thickening agents and the recommended consistency level.
	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 3 **Ref:** Standard 30 **Stated:** First time	The registered person shall ensure that the temperatures of all medicines storage areas are maintained below 25^{o}C. Appropriate action must be taken if the temperature exceeds the recommended limit.

To be completed by: With immediate effect (10 October 2023)	**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 4 **Ref:** Standard 28 **Stated:** First time **To be completed by:** With immediate effect (10 October 2023)	The registered person shall ensure that a robust audit system is implemented covering all aspects of medicines management. Any issues identified through audit should be addressed through an action plan and any incidents identified reported appropriately and the learning shared with all staff. **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 5 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure the staffing rota accurately reflects the full name of all staff. Ref: 3.3.1 **Response by registered person detailing the actions taken:** The staffing rota has been reviewed and updated to ensure it accurately reflects the full name of all staff on duty. The Registered Nurse Manager maintains oversight to ensure accuracy and compliance with Standard 41.
Area for improvement 6 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure the duty rota clearly evidences the manager's review and oversight. Ref: 3.3.1 **Response by registered person detailing the actions taken:** The duty rota has been updated to clearly evidence the Registered Nurse Manager's review and oversight. Each rota is signed and dated to demonstrate verification, accuracy, and accountability
Area for improvement 7 **Ref**: Standard 9 **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure that patients are offered choice and supported and encouraged by staff to have a varied daily routine Ref: 3.3.2 **Response by registered person detailing the actions taken:** Residents are consistently offered choice and supported to enjoy a varied and meaningful daily routine. Staff have been reminded of the importance of promoting autonomy and documenting choice. Care plans have been updated to reflect individual preferences, and managerial oversight ensures that person centred practice is embedded and sustained.

Area for improvement 8 **Ref:** Standard 6.11 **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure that net pants, where required, are provided for individual patient use. Ref: 3.3.2
	Response by registered person detailing the actions taken: Net pants are no longer used routinely and have been removed from stock. In the rare instance where clinically required, they will be individually labelled and laundered exclusively for that resident. Staff have been reminded of the importance of maintaining dignity and personal clothing standards. Laundry staff made aware to diposed unlabelled net pants.
Area for improvement 9 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure that care records are person centred and reflective of patients' preferences and choice with regard to their care delivery. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans and daily documentation have been reviewed and updated to ensure they are fully person centred and reflective of residents' needs, preferences, and choices. Ongoing managerial oversight ensures records remain current, individualised, and aligned with best practice.
Area for improvement 10 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure that an environmental action plan is submitted with timescales for completion of all planned and ongoing works. Ref: 3.3.4
	Response by registered person detailing the actions taken: An Environmental Action Plan has been developed and submitted, outlining clear timescales for completion of the ongoing refurbishment works. Renovations are being overseen by the Directors, with disruption minimised wherever practicable. Appropriate signage and mitigation measures remain in place throughout the works as necessary.
Area for improvement 11 **Ref:** Standard 44 **Stated:** First time	The registered person shall ensure that bathrooms/shower rooms are maintained clutter free. Ref: 3.3.4

To be completed by: 30 January 2026	**Response by registered person detailing the actions taken:** The Registered Person can confirm that all bathrooms and shower rooms are maintained in a clean, tidy, and clutter-free condition. Staff have been reminded of their responsibility to keep these areas free from unnecessary items. The Registered Nurse Manager will complete regular walk-abouts to evidence ongoing oversight and ensure that standards are consistently maintained
Area for improvement 12 **Ref:** Standard 44.1 **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure that the home is maintained to an acceptable level of cleanliness. Ref: 3.3.4 **Response by registered person detailing the actions taken:** The Registered Person shall ensure that the home is maintained to an acceptable level of cleanliness. A review of cleaning routines has been completed, and staff have been reminded of their responsibilities to uphold high environmental standards. Regular walk-abouts and checks are now in place to evidence ongoing oversight and ensure consistent compliance
Area for improvement 13 **Ref:** Standard 47.5 **Stated:** First time **To be completed by:** 30 January 2026	The registered person shall ensure that a risk assessment is completed for the storage of topical medicines, toiletries and thickening powder, and all necessary actions are taken to manage any identified risk. Ref: 3.3.4 **Response by registered person detailing the actions taken:** The Registered Person shall ensure that appropriate risk assessments are completed for the storage of topical medicines, toiletries, and thickening powder. The Registered Nurse Manager has reviewed the completed risk assessments and taken all necessary actions to address and manage any identified risks

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