The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Dunlarg Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 26 March 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:	Healthcare Ireland No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Nontobeko Nqwababa- not registered

Service Profile:
This home is a registered nursing home which provides general nursing care for up to 50 patients. It also provides care for patients living with dementia, with a physical disability or learning disability. The home is divided into two units known locally as The Keady Unit and The Armagh Unit. Bedrooms and communal rooms are located over one floor. Patients have access to dining and lounge areas within each unit.

A residential care home is attached to the nursing home and the manager of the nursing home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 26 March 2026, between 10.00 am and 4:55 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 13 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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

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

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection, six areas for improvement were assessed as having been addressed by the provider. One area for improvement will be stated for a second time and one area for improvement 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 patients, 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 told us they were happy with the care and services provided. Comments made included "staff are very good, I'm very happy with the care" and "I enjoy the food, I have no concerns".

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

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.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided but had mixed feedback in regards to the activity provision within the home.

Following the inspection, no staff or relative questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that there was a system in place to ensure staff were recruited properly to protect patients.

Patients said that there was enough staff on duty to help them. While staff said that they were satisfied with planned staffing levels, they told us that these were not always achieved due to short notice absences. They did advise that attempts were made to cover shifts in the event of short notice sick leave and that teamwork was generally good.

Review of the duty rota over a two-week period evidenced that on a number of days the planned staffing levels for care and domestic provision was not achieved. An area for improvement was identified.

It was observed that staff responded to requests for assistance 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 were knowledgeable of individual patients' 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

It was observed that 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.

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 manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position. A review of repositioning records evidenced that the recommended frequency of repositioning was not recorded and a number of entries were not time-specific. An area for improvement was identified.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. Activities planned for the week included board games, hairdressing, tai chi arts and music.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

The home has a part time activity therapist. There was no time allocated on the duty rota for activity provision on the days when the activity therapist was not on duty. Examination of activity records evidenced gaps in recording and lacked detail in regards to patient participation. An area for improvement was identified.

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.

Some patient care records were observed in the lounge areas not securely stored. This was identified as an area for improvement.

Care records were regularly reviewed and updated to ensure they continued to meet the patients' needs. 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

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Some areas of the home required painting. Review of the environmental audits evidenced that it was not clear as to who had responsibility to make improvements where deficits were noted and if the recommended actions had been addressed. This area for improvement was stated for a second time.

Observation of the environment identified concerns that had the potential to impact on patient safety; a thickening agent was stored insecurely in a dining room cupboard and there was access to cleaning chemicals in a housekeeping and sluice room. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times, however some staff were observed to have nail polish on and this can impede effective hand hygiene. This was discussed with the manager and area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Nontobeko Nqwababa has been the manager in this home since 31 March 2025, an application for registration is in progress with RQIA.

Relatives and staff commented positively about the management team and described them as supportive and approachable

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care, other services and staff practices.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. It was noted that not all notifiable incidents were reported to RQIA in a timely manner. An area for improvement was identified.

Review of the complaints log for the home evidenced that a complaint raised by a family member had not been recorded and another complaint lacked detail in regards to the outcome of the complaint process or investigation. An area for improvement was identified.

Compliments received about the home were kept and shared with the staff team.

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	3*	7*

* the total number of areas for improvement includes one standard that has been stated for a second time and one regulation that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Nontobeko Nqwababa, manager and Mrs 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** 8 April 2025	The registered person shall review the management of insulin to ensure that records of prescribing and administration are clear and complete. 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 14 (a) (c) **Stated:** First time **To be completed by:** 26 March 2026	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This in relation to thickening agents and cleaning chemicals. Ref: 3.3.4 **Response by registered person detailing the actions taken:** A meeting with the staff team took place and the inappropriate snibbing of locks on the cleaner's store doors and sluice room doors was discussed. This was followed up by the issuing of letters of concern to those staff responsible for this behaviour on the day of the inspection. Safe storage of thickening agents has been raised with the care staff and nursing team, and they have been directed to ensure these are kept locked away when not under the direct supervision of a staff member. The manager is monitoring that the doors to the cleaning store and sluice room is locked and that thickening agents and chemical products are appropriately stored during managers walkaround. The requirement for compliance in this area has been communicated to all staff. The Regional Manager is manager is monitoring compliance on Reg 29 visits. Non compliance will be addressed individually with staff members via an HR process.
Area for improvement 3 **Ref:** Regulation 30 **Stated:** First time	The registered person shall ensure that notifiable events are reported to RQIA in a timely manner. Ref: 3.3.5

To be completed by: 26 March 2026	**Response by registered person detailing the actions taken**: The manager and deputy manager have reviewed the guidance in relation to the submission of notifications to RQIA and will endeavour to ensure going forward that these are submitted within the required timescales. As part of the monthly monitoring visits the regional manager will review the notifications uploaded to the portal and cross reference to the date of the incident to ensure notifications have been sent in a timely manner.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 35 **Stated:** Second time **To be completed by:** 30 April 2026	The registered person shall ensure that environmental audits include, where required, a clear action plan, the person responsible for completing the action and appropriate follow up to ensure any identified actions are addressed. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: A detailed environmental action plan is in place and includes the name of the person responsible and the time scales for follow up. The action plan will be reviewed monthly by the Home Manager, who will address any outstanding actions.
Area for improvement 2 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that staffing levels are reviewed to ensure that there are adequate staffing levels at all times. Ref: 3.3.1
	Response by registered person detailing the actions taken: The staff rosters are planned to meet resident need. and the manager will strive to ensure the required staff are on duty. On the occasions that staffing does not match the planned rota the manager will follow the safe staffing protocol and utilise agency staff / HCI regional team and where possible staff from other HCI facilities. The home is actively recruiting for vacant posts. Short term absences are managed through the HR processes.
Area for improvement 3 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that where a patient has been assessed as requiring repositioning: • the recommended frequency of repositioning is recorded on their chart • entries recorded are time-specific Ref: 3.3.2

	Response by registered person detailing the actions taken: A review of residents requiring repositioning has been undertaken. The deputy manager will ensure that when the repositioning booklets are being introduced for the new 4-week cycle that the recommended frequency of repositioning is recorded on the chart. Supervision has been completed with the staff team in relation to the accurate completion of repositioning records. The nurse in charge is reviewing all repositioning charts daily, using an audit chart and will sign to evidence the review has taken place, any non-compliance will be addressed with the relevant staff member. The manager will spot check the reposition record against the care records as part of her daily walkaround. Repeated non-compliance will be escalated to the manager, who will manage via HR processes.
Area for improvement 4 **Ref:** Standard 11 **Stated:** First time **To be completed by:** 30 April 2026	The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent approach. Ref: 3.3.2
	Response by registered person detailing the actions taken: A new activities therapist has been appointed to increase the number of activity hours provided to the service users and will commence in post within the next 4 weeks. The activity programme will be reviewed with resident engagement, once the new activity therapist is in post.
Area for improvement 5 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 26 March 2026	The registered person shall ensure that patients' confidential records are securely stored. Ref: 3.3.3
	Response by registered person detailing the actions taken: Storage drawers have been provided for the safe storage of resident's records. The staff team have been advised that the practice of leaving records unaccompanied is not acceptable and is poor practice. Supervision has been completed with the team to reflect this direction. The home manager will monitor compliance during her daily walkarounds, and this will be reinforced by checks by the senior management team.

Area for improvement 6 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 31 March 2026	The responsible person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures. This is in relation to the use of nail polish. Ref: 3.3.4 **Response by registered person detailing the actions taken:** The staff on duty on the day of inspection have been subject to internal disciplinarys processes . The staff team have been advised that the wearing of nail polish is strictly prohibited - this has been discussed at staff meetings and personal messages via the payroll system have been sent to each member of staff. The manager and regional manager are spot checking to ensure compliance not only with the HCI team but also with any agency staff member who attends the home.
Area for improvement 7 **Ref:** Standard 16 **Stated:** First time **To be completed by:** 26 March 2026	The registered person shall ensure that there is a robust system in place for the oversight of complaints management within the home. Ref: 3.3.5 **Response by registered person detailing the actions taken:** The complaint referenced in the inspection report was managed under Vulnerable adult procedures rather than recorded as a complaint . The manager acknowledges that she did not feed this back to the relative in a sufficently robust manner . The manager has subsequently met with the relative and explained the process and outcomes . The relative was satisfied with the outcomes discussed. The incident has now been recorded as a complaint. Moving forward the recording of complaints is being completed on the HCI digital platform - this allows for the complaint to be tracked to its conclusion by the home and the governance team.

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

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