The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Peninsula Care Home

Provider: Dunluce Healthcare Newtownards Ltd

Date of Inspection: 27 April 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:	Dunluce Healthcare Newtownards Ltd
Responsible Individual:	Mr Ryan Smith
Registered Manager:	Miss Sabah Abbad – not registered

Service Profile –
This home is a registered nursing home which provides nursing care for up to 40 patients. The home is divided in two units; the Willow Suite which provides care for up to 20 patients living with dementia; and the Starling Suite which provides general nursing care and care for patients living with a physical disability other than sensory impairment over and under the age of 65 years.

Patients' bedrooms are located on the ground floor. Patients also have access to communal lounges and dining areas within each unit and a centralised garden area with access to seating.

There is a separate registered residential care home which occupies the same building; this service is managed by a different registered manager.

2.0 Inspection summary

An unannounced inspection took place on 27 April 2026 from 09.30 am to 5.35 pm by a care inspector.

This 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.

Evidence of good practice was found throughout the inspection in relation to care delivery, record keeping, the provision of activities and the patient dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

This inspection resulted in no new areas for improvement being identified. As a result of this inspection, 11 areas for improvement were assessed as having been addressed by the provider and one area for improvement in relation to medicines management has been carried forward for review at the next inspection. Details 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Patients said, "I'm happy with my room as it's spacious and clean. Staff are excellent and I know the manager. I like to attend the activities and always check the weekly planner to see what I would enjoy attending" and "Staff are usually quick to attend to me when I call for assistance. I find staff kind and attentive and there's enough staff about if I need them. I don't have any issues or concerns but if I had I know I would be able to discuss them with staff and they would sort things out".

Patients' relatives spoken with said, "I couldn't fault the staff and the care they provide. They look after my wife well for me. I know she's well fed, safe, warm and comfortable" and "We've no issues at all. Staff are approachable, accommodating and we are kept informed of any changes to her care".

Relatives spoken with were mainly positive in regard to the service provided in The Peninsula Care Home. Comments were shared with the manager who advised she was aware of issues raised in order to ensure they are addressed by the appropriate bodies.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients to meet their needs. Staff told us that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Following the inspection we received one completed patient/relative questionnaire indicating they were very satisfied and that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

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

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. Staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and 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.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room of Starling Suite. The menu was displayed on the notice board outlining what was available at each meal time and the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately.

Patients spoken with said they enjoyed lunch and that they got enough to eat.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as exercise programmes, games, puzzles and also arts and crafts. On the morning of inspection, patients were observed enjoying an armchair aerobics session with staff.

A daily record is kept of all activities that patients take part in. Patients spoken with said they enjoyed the activities that were provided.

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. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. 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.

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.

3.3.4 Quality and Management of Patients' Environment

The home was welcoming, clean, tidy, well maintained and nicely decorated. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas

were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked and equipment used by patients such as wheelchairs and hoists were noted to be effectively cleaned.

Review of the environment and discussion with the manager confirmed 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. Corridors, stairwells and fire exits were clear from clutter and obstruction.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Miss Sabah Abbad has been the Manager in this home since 16 January 2026.

Review of competency and capability assessments evidenced they were completed with the registered nurses left in charge of the home when the manager was not on duty.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. 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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Patients and patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff meetings were held on a regular basis. Minutes were available. A patient and patients' representative meeting was held on the afternoon of inspection.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Miss Sabah Abbad, Manager, as part of the inspection process and can be found in the main body of the report.

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:** First time **To be completed by:** With immediate effect (6 February 2025)	The registered person shall ensure medication administration records generated in the home are checked and signed by two trained members of staff to verify that they are accurate. 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.**

The Regulation and Quality Improvement Authority

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