



Inspection Report

Name of Service:	Dunlady House
Provider:	Dunlady House Ltd
Date of Inspection:	28 May 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/Responsible Person:	Mr William Hugh Wilson
Registered Manager:	Mrs Femina Marmeto
Service Profile – This home is a registered nursing home which provides nursing care for up to 68 patients. Bedrooms are located over two floors and patients have access to communal spaces and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 28 May 2026, from 10.00 am to 5.00 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 30 January 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

As a result of this inspection twelve areas for improvement were assessed as having been addressed by the provider. Five areas for improvement, to include four pertaining to medicines management and one pertaining to staff recruitment have been carried forward for review at a future inspection. There were no new areas for improvement identified. Full 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "All good" and "All very good".

Staff told us team work was good and that they enjoyed working in Dunlady House.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires.

3.3 Inspection findings

3.3.1 Staffing Arrangements

The previous inspection had identified an area for improvement in regards to the management oversight in relation to the recruitment of staff. Discussion with the manager confirmed that systems had been implemented and were being further developed to enhance managerial oversight, to allow time for the system to be embedded; the area for improvement was carried forward for review at a future inspection.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role. The manager confirmed that staffing levels were reviewed to ensure that the assessed needs of the patients are met.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. Staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

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

Staff respected patients' privacy by their actions such as knocking on doors before entering, and by offering personal care to patients discreetly. It was positive to note that patients were offered choice and supported and encouraged by staff to have a varied daily routine

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients were observed having their meals in a number of areas throughout the home. Some patients chose to have their meals in the dining room, whilst some chose the dayroom. A number of patients were observed having their meals in their bedrooms. Discussion with staff and patients confirmed that this was their personal preference and care plans were reviewed to evidence patient choice. Patients who chose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients in regards to their assessed needs.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Patients commented positively about the food provided within the home with comments such as: "nice food" and "its all lovely".

Patients were well presented in their appearance and discussion with staff and patients confirmed that patients were provided with a choice on their preferred personal care delivery. A sample of records were reviewed and care plans evidenced patient choice. Patients confirmed that activities were available to include, for example, singing and faith services. An activity planner was on display to inform patients and visitors of the various activities available. Patients and visitors were observed availing of the facilities in the day room.

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.

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

3.3.4 Quality and Management of Patients' Environment

The home was warm and comfortable and patients' bedrooms were personalised with items important to the patient. There was evidence that a number of refurbishment works to include, for example flooring replacement had been completed since the last care inspection. The home has also submitted an application to vary the registered premises to enhance kitchen and staff facilities, discussion with the management confirmed that the works were progressing and an action plan was in place to monitor the ongoing refurbishment works.

Corridors and fire exits were clear from clutter and obstruction.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records kept.

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 the Manager in this home since 17 February 2016.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. A review of a sample of records evidenced that the manager maintained oversight. The governance processes were further supported by the monthly monitoring reports which had an action plan in place which was reviewed on a regular basis.

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 regulation and 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 and nursing staff. 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
	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.
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 To be completed by: With immediate effect (10 October 2023)	The registered person shall ensure that the temperatures of all medicines storage areas are maintained below 25°C. Appropriate action must be taken if the temperature exceeds the recommended limit.
	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	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.
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.

****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