The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Dunlarg Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 8 September 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 8 September 2026, between 9:35 am and 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 26 March 2026 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, seven areas for improvement were assessed as having been addressed by the provider. One area for improvement will be stated for a third time, 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 "I am happy here, the staff are nice" and "the food is lovely, the kitchen is perfect, 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 and training.

Questionnaires returned form patients indicated that they were happy with the care, the comments included "staff are good and care for me" and "I feel safe and comfortable"

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. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. 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 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.

An incident was observed where a staff member left medications with a patient and had not observed the administration of the medication. An area for improvement was identified.

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. Records reviewed evidenced that the patients were repositioned however, there was gaps in the recording and a number of entries were not time-specific and were not double signed. Additionally, in one patient's care plan, there was no repositioning regime in place. Therefore, the previously stated area for improvement in relation to repositioning records is subsumed into an area for improvement under regulation to help drive the necessary improvement.

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.

Patients told us that if they wanted a hot drink throughout the day, they could request it but there was no system in place for a morning "tea trolley" for patients to avail of a hot drink. This was discussed with the management team and assurances were given that this would be introduced. This will be reviewed at the next inspection.

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 Tai Chi, movie afternoon and chair exercises. The format of the activity planner was discussed at feedback to ensure that it is displayed in a suitable format to inform patients of the upcoming activities. This will be reviewed at the next inspection.

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.

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.

However a review of two patient care records did not contain care plans regarding their sleeping preferences and requirements to direct care effectively. An area for improvement was identified.

Patients care records were held confidentially.

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

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as, family photos and sentimental items from home.

It was observed that multiple areas in the home required repair or redecoration such as damaged woodwork on walls in bedrooms. An area for improvement was identified.

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 third time and an updated environmental action plan was requested to be submitted with the QIP.

Observation of the environment identified that the dining room door was propped open on two occasions preventing it from closing in the event of the fire alarm being activated. An 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.

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

A number of audits were completed by the management team. However, a review of these audits evidenced there was inconsistencies as to how often these were carried out. An area for improvement was identified.

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 some notifiable incidents were still not being reported to RQIA in a timely manner. This area for improvement was stated for a second time.

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	5*	4*

* the total number of areas for improvement includes one regulation that has been stated for a second time, one standard that has been stated for a third time and one regulation which is carried forward for review at the next 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 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 30 **Stated:** Second time **To be completed by:** 8 September 2026	The registered person shall ensure that notifiable events are reported to RQIA in a timely manner. Ref: 2.0 & 3.3.5
	Response by registered person detailing the actions taken: The newly appointed Home Manager has reviewed and reinforced the home's statutory notification protocol to ensure strict compliance with the mandated reporting timeframe. A clear visual checklist of what constitutes a notifiable event has been displayed in the management office to ensure immediate clarity in the manager's absence or during weekend shifts.
Area for improvement 3 **Ref:** Regulation 12 (1) **Stated:** First time **To be completed by:** 30 September 2026	The registered person should evidence that there is robust monitoring and oversight of repositioning being delivered to identified patients and that patient care records are reflective of the prescribed care. Ref: 3.3.2
	Response by registered person detailing the actions taken: To permanently resolve historical gaps and inconsistencies in manual record-keeping, the homeis transitioning to and implementing a fully computerised, person-centred care planning platform. Healthcare assistants and care staff can document repositioning interventions instantly on mobile devices at the resident's bedside. This will eliminate delayed entries, missing times, or incomplete signatures.Automated system alerts trigger immediately if a repositioning interval is nearing its threshold or has been missed.It is anticipated the system will be fully functioning by 31.10.26.The manager will be able to conduct weekly electronic report audits to identify patterns, ensure 100% data completion, and instantly address any localized variances

	with staff. This will be monitored by the senior managemnt team during monitoring visits.
Area for improvement 4 **Ref:** Regulation 27 (4) (b) **Stated;** First time **To be completed by:** 8 September 2026	The registered person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: Immediate corrective action was taken on the day of inspection, and all propped doors were closed.The Home Manager has issued a formal instruction to all staff highlighting the severe risks associated with wedging or propping open fire doors. Flash fire safety checks have been incorporated into the shift report completed by the nurse in charge. The manager will also complete spot checks during her daily walkaround which is recorded. The maintenance man is currently reviewing high-traffic communal doors to identify where safe, automatic electromagnetic hold-open devices (linked to the fire alarm system) can be installed to safely accommodate resident movement.
Area for improvement 5 **Ref:** Regulation 10.1 **Stated;** First time **To be completed by:** 31 October 2026	The registered person shall ensure that there is a robust system of auditing in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning. Ref: 3.3.4
	Response by registered person detailing the actions taken: HCI have a robust suite of Governance audits. As part of the induction process for the new manager , the Governance Manaer will complete an introduction to the auditing documents. Focus Learning on how to complete audits will be shared with the manager. A monthly / Quarterly governance checklist will be completed on a monthly basis and will be uploaded to the company SharePoint folder for review . The progress and quality of audits will be reviewed by the regional manager during monitoring visits

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 35 **Stated:** Third time **To be completed by:** 30 September 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 quarterly environmental audit tool is in place,requiring specific, traceable detail for any identified maintenance or redecoration deficit.A refurbishment plan has been submitted to RQIA . The Home Manager is required to physically review and sign off on every completed item on the action plan. No item is marked as closed until a visual inspection confirms the repair meets standard.The action plan will be reviewed and validated by the regional manager during her visits.
Area for improvement 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 8 September 2026	The registered person shall ensure that medication is administered under appropriate supervision to maintain patient safety. Ref: 3.3.2
	Response by registered person detailing the actions taken Following the conclusion of the inspection the manager and deputy manager commenced a comprehensive round of face-to-face competency assessments for all registered nurses specifically focusing on the requirement for direct supervision until administration is complete. The Home Manager and deputy manager will carry out unannounced observational audits during medication rounds to ensure strict adherence to safe administration standards.

Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 8 September 2026	The registered person shall ensure care plans to direct nursing care are completed for all patients. This is specifically in relation to patients requirements/preferences for sleeping. Ref: 3.3.3
	Response by registered person detailing the actions taken A review of all residents care plans was completed. Sleeping care plans are in place for all residents
Area for improvement 4 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 30 November 2026	The registered person shall ensure that the premises is well maintained; this in relation to: • damaged wood work in identified bedrooms Ref: 3.3.4
	Response by registered person detailing the actions taken: The completion of these works has been included in the refurbishment plan for the home which has been submitted to RQIA.

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

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