

Inspection Report

Name of Service: Glenalina Lodge Care Centre

Provider: Radius Housing Association

Date of Inspection: 28 January 2025

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:	Radius Housing Association
Responsible Individual:	Mrs Fiona McAnespie
Registered Manager:	Mr Graeme Beatty
Service Profile This home is a registered residential care home which provides social care for residents living with dementia, mental health needs or requiring general residential care. Accommodation is provided over two floors. Residents bedrooms all have ensuite facilities. The facilities include an enclosed garden.	

2.0 Inspection summary

An announced inspection of Glenalina Lodge Care Centre took place on 28 January 2025 from 10.30am to 1.20pm am by an estates inspector and a care inspector.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005; and the DHSSPS Residential Care Homes Minimum Standards; Updated December 2022.

The inspection sought to assess an application submitted to RQIA on 18 April 2024 for the complete refurbishment of the premises and the registration of two new bedrooms in order to increase the number of registered places from 48 to 50.

Areas of good practice were identified in relation to the home's environment, management arrangements and having a phased admission plan.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

Information has been gathered throughout the registration process. Scrutiny of this information means that the use of the new bedrooms within this residential care home is permitted from a care and estates perspective.

This inspection resulted in no new areas for improvement being identified. As a result of this inspection six areas for improvement have been carried forward for review at a future inspection.

As a result of this inspection three areas for improvement from the previous inspection were assessed as met. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the 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 resident'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.

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.

3.3 Inspection findings

3.3.1 The Environment

We inspected the entire premises and found that the refurbishment had been completed to a high standard. The premises were tastefully decorated, clean and hygienic throughout. Fire exits and corridors were clear and free from obstruction. Residents will have full access to the existing communal space within the home.

Assisted bathrooms, sluice rooms and a number of assisted toilets are suitably located throughout the premises. Each has hand washing facilities, liquid soap and disposable hand towels available. In addition to hand washing facilities, dispensers containing hand sanitiser are available along with stations holding personal protective equipment throughout the premises.

3.3.2 Health & Safety, Building Services & Statutory Controls

Documentation presented during the inspection and forwarded following the inspection indicated that the premises and the engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance. All relevant risk assessments, including for fire and water safety, had been updated to take account of the alterations and additions made to the home.

Suitable fire safety measures were in place and well managed to ensure residents, staff and visitors to the home are safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

A current legionella risk assessment was also in place, and a water safety scheme has been implemented and continues to be maintained by the provider. All infrequently used water outlets were being flushed in accordance with the water safety scheme at the time of the inspection.

3.3.3 Care inspectors Findings

We discussed staffing arrangements with the manager who told us staff currently employed had completed a period of induction and mandatory training; staffing levels will be kept under continual review once admissions commence to ensure the assessed needs of residents are met.

There was a system in place to monitor staffs' compliance with mandatory training.

We discussed the plan in place for admissions to the home with the manager. Admissions will be phased following extensive pre-admission assessment with residents.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* the total number of areas for improvement include four standards that are carried over for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the management team, 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 Residential Care Homes Minimum Standards 2021	
Area for Improvement 1 Ref: Standard 24.3 Stated: First time To be completed by: 1 June 2023	The registered person shall ensure that staff have recorded individual, formal supervision according to the homes procedures, and no less than every six months.
	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. Ref: 2.0
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 1 June 2023	The registered person shall ensure that variations to the planned menu are recorded.
	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. Ref: 2.0
Area for Improvement 3 Ref: Standard 6.3 Stated: First time To be completed by: 1 June 2023	The registered person shall ensure the resident, or their representative, signs the care plan. If the resident or representative is unable to sign, or choose not to sign, this is recorded.
	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. Ref: 2.0
Area for Improvement 4 Ref: Standard 13.9 Stated: First time To be completed by: 1 June 2023	The registered person shall ensure that a record is kept of all activities that take place, the person leading the activity and the names of the resident who participate.
	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. Ref: 2.0



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