

Inspection Report

Name of Service: Glens
Provider: Ms Paula Magee & Ms Siobhan McHugh
Date of Inspection: 17 September 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:	Ms Paula Magee & Ms Siobhan McHugh
Responsible Person:	Ms Paula Magee & Ms Siobhan McHugh
Registered Manager:	Miss Sheena Magee – not registered
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 16 residents with a range of needs including those both over and under 65 years of age with physical and mental health needs.</p> <p>There is a range of communal areas throughout the home and residents have access to an outdoor area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 September 2025, between 10.15 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 2 July 2024; 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 residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents 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 compassionate manner, improvements were required to ensure that those areas of the home which could present as potential hazards to residents' health and safety, were required to be managed appropriately. Details were shared with the manager during the inspection and with the Responsible Individual (RI) on 22 September 2025, where the RI shared the actions they had taken and planned to take to address the inspection findings.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. One area for improvement was not met and will be stated again for a second time. Other areas for improvement have either been stated again or 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 residents, 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

Residents spoken with provided positive feedback about their experiences residing in the home. Those residents who were less able to make their wishes known were observed to be relaxed and comfortable in their surroundings. Some of the comments shared included, "I'm very happy, there is lots of people about. It's good company" and "The food is very, very good."

Relatives who were visiting commented positively about the home and the care provided to their loved ones.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. One resident said, “you can come and go as you please.”

It was observed that staff offered choices to residents throughout the day which included preferences for getting up, food and drink options, and where and how they wished to spend their time.

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 residents. Whilst there was systems in place to manage staffing, recruitment checks did not clearly evidence staff’s health declarations prior to commencing work in the home. Assurances were provided by the management team that this was in place. An area for improvement was identified.

Residents 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. The management team confirmed staffing levels are kept under review.

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 residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences. Throughout the day staff confirmed that prior to mealtimes there was good communication to ensure residents received the correct diet and that the team knew about any changes in residents’ needs.

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents 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 safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Some residents in the home required pressure relieving mattresses; there was limited evidence of systems in place to ensure these were checked regularly. The details of this were shared with the management team and a system was implemented to evidence these checks taking place. This will be reviewed at a future inspection.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referrals were made to GP's.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents 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 residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff discussed those residents who required a modified diet to ensure residents received the correct diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Observation of the ball game activity confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Residents' needs were met through a range of individual and group activities such as bingo, skittles, arts and crafts, hairdressing or one to one reading.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were generally person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Further improvements were required with regards to care staffs evaluations about the delivery of care for residents. The details of this were shared with the management team and the previous area for improvement has not been met and will be stated again for a second time.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Resident's rooms had 'homely' touches such as flowers, newspapers, magazines and items important to the resident.

There was evidence that some pressure relieving cushions were damaged and required replaced to ensure these could be cleaned effectively. Assurances were provided by the management team that a full review of this equipment was taking place and action would be taken for those were required.

There was evidence denture cleaning tablets were accessible to residents and stored in their rooms. These were removed and stored securely. An area for improvement was identified.

The linen cupboard which had access to a heated boiler was unlocked at the time of the inspection. When secured, the door remained accessible as a key was not required to gain access to this room. The same locking system was in place for other rooms, which had access to substances, which were potentially hazardous to resident's health. These doors were secured with a key lock at the time of the inspection.

Further details of this were discussed with the management team during feedback and during the meeting with the RI on 22 September 2025. Assurances were provided that the linen cupboard was now fitted with a key lock and that a system has been implemented by the management team to complete checks on these doors to ensure they continue to remain secured throughout the day. An area for improvement was identified.

Review of records and discussion with the management team 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. For example, fire safety checks and resident call system checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control, which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Miss Sheena Magee has been the Manager in the home since 27 June 2025 and has applied with RQIA to register as manager.

Residents and staff commented positively about the management team, the manager and deputy manager 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. There was evidence of improvements in the completion of environmental audits; however, further improvements were required with regards to falls analysis and restrictive practice overviews. The details of this were shared with the management team and the previous area for improvement was partially met and will be stated for a second time.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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	2	5*

* The total number of areas for improvement includes two standards that have been stated for a second time and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Paula Magee, Registered Person and Miss Sheena Magee, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) Schedule 2 (7)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2025</p>	<p>The Registered Person shall ensure that pre-employment checks evidence that a person is physically and mentally fit to work in the home, prior to the person commencing employment.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Yes this has been resolved. Unfortunately one of the staff members had a missing page from their application form but it is in place now. There is evidence that a person is physically and mentally fit to work, prior to employment as it is addressed on the job application form.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The Registered Person shall implement a system to complete checks on the linen room to ensure this is kept securely locked so that this is embedded into staff practice.</p> <p>Ref: 3.3.4</p>

To be completed by: 17 September 2025	Response by registered person detailing the actions taken: Yes this has been carried out. New locks with key our in place on laundry room, hot press, sluice, cleaning store and store room. we also have a checklist for staff checking locked doors.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1:2, Dec 2022)	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: 20 July 2024	The Registered Person shall ensure that appropriate care records are in place and kept up to date for mobility, skin care and daily updates. Ref: 2.0 & 3.3.3 Response by registered person detailing the actions taken: All staff made aware of the importance of documentation in regards to residents daily needs. There is is an aid now in place for documentation.
Area for improvement 2 Ref: Standard 20.10 Stated: Second time To be completed by: 31 July 2024	The Registered Person shall ensure that audits are completed regularly for restrictive practices, falls overview, the environment and skin care and actions required are completed. Ref: 2.0 & 3.3.5 Response by registered person detailing the actions taken: Yes this has been carried out. We have in place restrictive practice audit, updated falls audit and all staff made aware of the importance of documentation in regards to residents daily needs.
Area for improvement 3 Ref: Standard 15.12 Stated: First time To be completed by: From the date of inspection (11 July 2023)	The registered person shall ensure that the residents' monies and valuables held in the safe place are reconciled (checked) at least quarterly and recorded. The records should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff. Ref: 2.0 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.

<p>Area for improvement 4</p> <p>Ref: Standard 15.7</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (11 July 2023)</p>	<p>The registered person shall ensure that receipts are provided to the person depositing monies on behalf of a resident. The person depositing the monies should sign the record along with a member of staff.</p> <p>Ref: 2.0</p>
<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2025</p>	<p>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.</p> <p>The Registered Person shall ensure that items which are potentially hazardous to resident's health are stored in accordance with individual risk assessments and care plans. This is with specific reference to the management of denture cleaning tablets.</p> <p>Ref 3.3.4</p> <p>Response by registered person detailing the actions taken: Denture cleaning tablets were removed from all bedrooms on the day of inspection and staff all made aware they are never to be in the bedrooms and stored in locked cupboard.</p>

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