The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Glenalina Lodge Care Home**

Provider: **Radius Housing Association**

Date of Inspection: **31 July 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 unannounced inspection took place on 31 July 2025, from 9.30 am to 5.30 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 estates inspection on 28 January 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective, compassionate care was delivered to residents, and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and 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.

As a result of this inspection, four areas for improvement were assessed as having been addressed by the provider. 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 described staff as, "very helpful". Residents spoken with said that they were happy living in Glenalina Lodge Care Centre. Comments included, "They (staff) are brilliant, no matter what you ask they do", and, "Its brilliant here."

Residents told us that their relatives and friends could visit whenever they wished and were always made feel welcome when they visited the home.

Residents confirmed that they were able to choose how they spent their day. For example, residents could choose where the wished to have their meal and where they wanted to spend their day.

Staff said that they enjoyed working in Glenalina Lodge Care Centre, staff said, "I love it here," and, "the manager is very supportive."

One relative spoken with described the home as "absolutely marvellous."

No questionnaire responses were received from residents / relatives or the online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction. From a review of the recruitment checklist it was unclear the registration status of newly recruited staff with the Northern Ireland Social Care Council (NISCC) and they had not been signed as reviewed by the manager. An area for improvement was identified.

Regular staff training was completed in subjects such as moving and handling, adult safeguarding and infection prevention and control (IPC). Following discussion with staff and a review of training records it was evident that training in dementia care and mental health care had not been provided. This was discussed with the manager and an area for improvement was identified.

There was a system in place for checking the current staff registration with NISCC. However, it was unclear if all staff were registered or progress of application for newly appointed staff members. This was discussed with the manager and an area for improvement was identified. The managerial oversight of the NISCC register is discussed further in section 3.3.5.

Residents said that there was enough staff on duty to help them. Residents' comments included, "the staff are very good."

Staff said 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 the number of the staff on duty met residents' needs.

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.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to be enjoying one another's company and taking part in an art and craft activity, residents were observed to be enjoying their own activity such as watching television or socialising in the garden.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the management team confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried.

It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents' commented positively on the food served in the home, comments included, "the food is good."

The need for menus to be displayed in a suitable format was discussed with the manager. Residents chose their meals for the day in the morning however, those spoken with prior to lunch were unable to advise what the meal was on offer. An area for improvement was identified.

3.3.3 Management of Care Records

A suitably qualified member of staff assessed residents' needs 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 person centred, regularly reviewed to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

A review of care records evidenced care plans for those residents living with dementia or with mental health needs lacked sufficient detail to direct the care required. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy and residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Due to the number of residents living in the home with a diagnosis of dementia further enhancement of the environment was discussed with the manager who agreed to review this. Progress will be reviewed at the next inspection.

A number of items that could pose an unnecessary risk to residents such as cleaning chemicals, dishwasher tablets, razors and topical medications were observed to be accessible to residents in kitchenettes or bedrooms. This was discussed with the manager and an area for improvement was identified.

There was a lack of shelving in the laundry for clean clothes to be placed before being delivered to residents' bedrooms. This was discussed with the manager and an area for improvement was identified.

There was ample supply of personal protective equipment (PPE) within the home whilst the majority of staff were compliant with best practice guidance in regards to hand hygiene some were not this included the wearing of jewellery and false nails. 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.

Residents and staff commented positively about the manager and described him as supportive and approachable.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Further enhancement of some of the governance audits was discussed with the manager such as accident/ incident trend analysis, Infection prevention and control (IPC) weight analysis and the NISCC register. An area for improvement was identified.

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/or the quality of services provided by the home.

Compliments received to the home were retained and shared with staff comments such as" many thanks to the wonderful staff of Glenalina." and " many thanks for everything you have done."

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	7

Areas for improvement and details of the Quality Improvement Plan were discussed with Graeme Beatty, 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	
Area for improvement 1 **Ref:** Regulation 20 (1) (C) (ii) **Stated:** First time **To be completed by:** 31 July 2025	The Registered Person shall ensure robust arrangements are in place which allow the manager to effectively monitor the registration of staff with NISCC. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff are registered with NISCC. A monthly report is generated at Head Office and issued to the Registered Manager, this will be signed off by the manager each month and will detail any actions taken. New members of staff whose primary employer is Radius have been requested to update NISCC to refect this change in employer. All permanent staff now have Radius as their primary employer.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 31 July 2025	The Registered Person shall ensure that all parts of the home to which residents have access are kept free from hazards to their safety; this is stated in specific reference to cleaning chemicals including dishwasher tablets, storage of razors and topical medications. Ref: 3.3.4
	Response by registered person detailing the actions taken: A locked cabinet is provided in each residents room, staff have been reminded to ensure risk items are stored safely within this cabinet and that risk assessments are in place as required. A locked cupboard is now in place within each kitchenette to store dishwasher tablets. Locks have also been fitted to the hairdressing salon to ensure other items are stored safely.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 19 **Stated:** First time **To be completed by:** 30 September 2025	The Registered Person shall ensure that the registration status of staff is confirmed with NISCC as part of the pre-employment checks and there is evidence of the managerial oversight of the recruitment processes. Ref: 3.3.1
	Response by registered person detailing the actions taken: Radius have a recruitment checklist which is completed for all new staff within care and support which includes NISCC status and pre emplyment checks. The Registered Manager will ensure

	that completed, signed copies are received in a timely manner and are retained on site for future inspection.
Area for improvement 2 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 31 October 2025	The Registered Person shall ensure staff are trained for their roles and responsibilities. This is stated in reference but not limited to dementia training and for supporting residents with mental health needs. Ref: 3.3.1
	Response by registered person detailing the actions taken: Glenalina Lodge is home to residents with both dementia and mental health needs, additional training over and above the mandatory traning already provided will be provided to staff to ensure staff have the skills and knowledge to meet each residents care and support needs.
Area for improvement 3 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 31 October 2025	The Registered Person shall ensure the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime. Ref:3.3.2
	Response by registered person detailing the actions taken: A copy of the menu is displayed on the main notice board within each dining room with residents choosing their meal on the morning of each day. Menu details of the meal being attended, For example, lunchtime or teatime meal will also be highlighted separately in each dining room to remind residents of their choice. Staff are always present in the dining room and they too remind the residents what meals are on offer and what they have chosen. new A5 sized menu stands have been placed on all tablets for residents to view.
Area for improvement 4 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 31 October 2025	The Registered Person shall ensure care plans are consistently updated to ensure they are resident centred and sufficiently detailed to direct the care required. This is stated in specific reference to care plans for those residents living with dementia and mental health needs. Ref:3.3.3
	Response by registered person detailing the actions taken: Each resident has a personal care plan, the detail within these will be enhanced to provide greater detail of the residents needs and how these can be met. The Senior team have been reminded that these are dynamic documents and must be updated

	frequently to reflect any changes. The Registered Manager completes a monthly audit of a sample of care plans to ensure these are suitably detailed and are reflective of current need.
Area for improvement 5 **Ref:** Standard E 45 **Stated:** First time **To be completed by:** 30 September 2025	There are facilities for ironing and separately stacking individual resident's personal laundry prior to distribution. Ref:3.3.4
	Response by registered person detailing the actions taken: A fold away table has been provided to provide sufficient folding space for newly laundered items before their return to the residents room.
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that staff adhere to best practice guidance with hand hygiene and are bare below the elbows. Ref:3.3.5
	Response by registered person detailing the actions taken: All staff have been reminded of the bare below the elbow policy.
Area for improvement 7 **Ref:** Standard 20 **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall review the current governance systems in the home to ensure they are robust in identifying deficits such as those identified within this report, to include any action required and evidence of completion. This is stated in reference but not limited to the accident / incident audit; IPC audit; weight analysis and NISCC register.
	Response by registered person detailing the actions taken: The Registered Manager monthly audit's will provide further detail on actions taken to reflect oversight and governance within the home.

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

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