

Inspection Report

Name of Service: Gnangara
Provider: Radius Housing Association
Date of Inspection: 24 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:	Radius Housing Association
Responsible Individual:	Mrs Fiona McAnespie
Registered Manager:	Ms Margaret Irwin
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 15 residents living with dementia.</p> <p>There are a range of communal areas throughout the home and residents have access to an enclosed garden.</p> <p>There is a separate registered domiciliary service which occupies the same site and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

This unannounced inspection took place on 24 September 2025, from 9.40am to 3.10pm. The inspection was conducted 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 the one area of improvement identified by RQIA, during the last care inspection on 15 August 2024. This previous area of improvement was reviewed as met.

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

It was evident that staff promoted the dignity and well-being of residents and the staff were knowledgeable and trained to deliver safe and effective care.

Residents said that staff were kind and caring.

No areas of improvement were made as a result of this inspection.

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 said that they were well cared for, staff were kind and attentive, they enjoyed the meals and the atmosphere in the home was good. Two residents made the following comments; "I'm alright. It's very good." and "I have no complaints. The staff couldn't do enough for you here."

Staff said they were happy with their roles and duties, that there was good team working and morale and they received good training and managerial support. Staff said that they felt the standard of care provided was very good.

One resident / representative questionnaire received was very positive in its feedback of the care and services provided in the home.

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. There was evidence of robust systems in place to manage staffing.

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 residents' needs were met by the number and skills of the staff on duty.

There was an effective system in place to manage the registration of care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff interactions with residents were warm, polite, friendly and supportive.

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.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Staff had received falls management training.

At times some residents may require the use of equipment that could be considered restrictive such as locked door facility and / or fall alarm mats. Use of such practices were reviewed on a monthly basis

Good nutrition and a positive dining experience are important to the health and social well-being of residents. Residents may need a range of support with their meal, including simple encouragement through to full assistance and their diets modified as assessed.

The dinnertime meal was appetising, wholesome and nicely presented. Choice of meal was in place. Staff assistance and support was organised and unhurried. It was observed that residents were enjoying their meal and their dining experience.

A varied programme of group and individual activities and events was in place for residents to avail of and enjoy. The genre of music and television channels played was in keeping with residents' age group and tastes.

Residents were seen to be comfortable and at ease in their interactions with staff. Staff were seen to be prompt in dealing with any signs of distress or increased confusion with residents, in a positive manner.

3.3.3 Management of Care Records

The manager undertakes a preadmission assessment to ensure the needs of the potential resident can be safely met in the home. Following the initial assessment care plans are developed to direct staff on how to meet residents' needs and will include any advice or recommendations made by other healthcare professionals

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Progress records were well written with issues of assessed need having a recorded statement of care / treatment given and effect of same.

Residents' care records were stored safely and confidentially.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. Residents' bedrooms were comfortable, nicely personalised and suitably facilitated. Communal areas were nicely decorated, suitably furnished and comfortable.

Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained with good accessibility for residents to avail of.

The home's most recent fire safety assessment was dated 2 April 2025. This assessment had corresponding evidence recorded actions taken with regard to the six recommendations made.

Fire safety training, safety drills and safety checks in the environment were maintained on an up-to-date basis.

Cleaning chemicals were stored safely and securely.

Observations of care practices and review of records confirmed appropriate protocols were in place with infection prevention and control, including staff training in this area.

3.3.5 Quality of Management Systems

Ms Margaret Irwin is the registered manager of the home. Staff spoke positively about the managerial support, saying that they would have no hesitation in reporting issues of concern and felt these would be dealt with appropriately.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records, and falls and accidents.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to all relevant stakeholders.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The

reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Margaret Irwin, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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