

Inspection Report

Name of Service: Glendun Residential Home
Provider: Glendun Nursing Home Ltd
Date of Inspection: 30 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:	Glendun Nursing Home Ltd
Responsible Individual:	Mr David Leo Morgan
Registered Manager:	Mrs Katrina Mary O'Hara
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 15 residents with a range of health and social care needs.</p> <p>There are a range of communal areas throughout the home.</p> <p>There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2025, between 9.50 am and 5.15 pm by an 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 13 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and 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 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. This is discussed further in the main body of the report.

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, one area for improvement was assessed as having been addressed by the provider. One area for improvement was partially met and will be stated for a second time. 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. Some of the comments shared included, "it's a great place, we're playing bingo today" and "the staff are very good, there is a variety of food."

Staff commented positively about working in the home and said there was good team work and support from the management team.

Residents told us that the staff offered choices 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.

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 systems in place to manage staffing.

Discussions with staff confirmed they were receiving an annual appraisal. The manager also evidenced a system in place to monitor this. However, this system requires review to ensure this is completed in full and kept up to date and accurate. The details of this were shared with the manager for review and action as appropriate.

There was not always evidence that staff were receiving recorded, individual supervision at least once every six months. The details of this were shared with the manager and an area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Other comments shared by a staff member regarding training were shared with the management team for review and action as appropriate.

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, they attended 'safety pauses' prior to mealtimes to ensure good communication across the team about 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 there were systems in place to evidence those residents with Deprivation of Liberty Safeguards (DoLS) in place. The DoLS tracker requires further enhancement to improve the robustness of this, for example: reference to the type of DoLS. The details of this were shared with the manager; this will be reviewed at a future inspection.

Examination of care records evidenced that the post falls protocol was not followed correctly. The details of this were shared with the manager for review and action, assurances were provided this would be addressed with all staff. An area for improvement was identified.

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.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were systems in place to manage residents' nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff. Discussion with residents confirmed that there was a range of activities taking place throughout the week, for example: bingo, reminiscence work, and planned events.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

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

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. Discussion with the manager confirmed that pre-admission assessments were completed prior to a resident's admission to the home, these were not made available at the time of inspection. An area for improvement was identified.

Residents care records were held confidentially.

Care records were mostly person centred, regularly reviewed and updated 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.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. Residents' bedrooms were personalised with items important to the resident and discussions with the management team confirmed repairs and paintwork had been completed on the external parts of the home.

It was apparent that work was ongoing in parts of the home to ensure the homes environment was maintained and decorated to a good standard. It was observed that paintwork and furniture in some of the resident's rooms was tired and worn. There was also evidence of a malodour identified in a resident's bedroom. This was discussed with the Responsible Individual (RI) for the home and an action plan was shared with RQIA for review following the inspection. The RI confirmed delays in the works to resident's bedrooms have not been preventable. The RI provided written assurance to RQIA that further attempts to address the required refurbishments in the home are ongoing. This will be reviewed at the next inspection to allow the home more time to complete refurbishments, which will enhance the overall quality of life and lived experience of the residents living in the home.

Review of records and discussion with the manager confirmed that 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. There was evidence that some resident's rooms did not have access to a call bell lead, assurances were provided by the management team that this had been addressed and would be included as part of the managers weekly 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

There has been no change in the management of the home since the last inspection. Mrs Katrina Mary O'Hara has been the Registered Manager in this home since 21 December 2018.

Residents and staff commented positively about the management team and described them as supportive and able to provide guidance.

Review of a sample of records evidenced that systems for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team 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.

There was evidence of systems in place to manage accidents and incidents, which occurred in the home. The accident recording system clearly evidenced reporting of these accidents to the appropriate persons, agencies and bodies; however, the incident log did not always evidence this. The details of this were shared with the manager; the previous area for improvement was partially met and will be stated for a second time.

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*	2

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Katrina Mary O'Hara, manager and Mr David Leo Morgan, Responsible Individual, 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 30 Stated: Second time To be completed by: 13 February 2025	<p>The Registered Person shall ensure that where appropriate, accident, incidents or other events are reported to RQIA and other relevant organisations in accordance with legislation. This includes but is not limited to allegations of staff misconduct.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Registered person will ensure that incident book is completed accurately and that where appropriate accidents, incidents or other events are reported to RQIA</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 30 September 2025	<p>The Registered Person shall ensure that the post falls protocol is implemented appropriately. This is with specific reference to ensuring if medical advice is required that this is sought without delay.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Registered Person has spoken with staff to re enforce post falls protocol and to ensure that medical advice is sought without delay when required.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2 Dec 2022)	
Area for improvement 1 Ref: Standard 24.2 Stated: First time To be completed by: 28 October 2025	<p>The Registered Person shall ensure that all staff have recorded individual supervision, no less than every six months.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Registered Person has put in place a Supervision schedule planner to include supervision of all staff</p>
Area for improvement 2 Ref: Standard 3.4 Stated: First time	<p>The Registered Person shall ensure that a pre-admission assessment is completed prior to any resident being admitted to the home. These must be maintained and made available for inspection.</p>

To be completed by: 30 September 2025	Ref: 3.3.3
	Response by registered person detailing the actions taken: Pre Admission assessments are carried out for all new admissions and Registered \Person will ensure that these assessments are maintained in Resident records

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Quality Improvement
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