

Inspection Report

Name of Service: Golan View
Provider: Golan View
Date of Inspection: 28 October 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:	Golan View
Responsible Person:	Mrs Ann McGrath
Registered Manager:	Mrs Ann McGrath
Service Profile	
This home is a registered residential home which provides health and social care for up to three residents with mental health, physical health and frail elderly needs over 65 years of age. Accommodation is provided on ground floor level and all residents are accommodated in single bedrooms. Residents have access to communal areas and a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 28 October 2025, from 11 am to 2:15 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 20 February 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 and compassionate care was delivered to residents and that the home was well led. Residents said that living in the home was a good experience.

As a result of this inspection the areas for improvement from the previous quality improvement plan were assessed as met. 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 spoke positively about their experience of life in the home. Comments included: “I am very happy here, I find the staff very friendly and there is plenty of choice when it comes to meals” and “I feel really content here, it is so peaceful and feels like a family”. “

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

Staff were complimentary about the care provided in the home, the manager’s support and team work with other staff.

Following the inspection, no responses were received regarding resident/relative questionnaires within the timescale specified.

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.

Observation of the delivery of care evidenced that residents’ needs were met by the number and skills of the staff on duty. Staff told us that they understood their own roles in the home and that teamwork was good.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of staff records evidenced that some of the assessments had not been reviewed in a number of years. An area for improvement was identified.

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

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' 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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

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 and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

The importance of engaging with residents was well understood by the manager and staff. Residents told us that they were offered a range of activities. An activity schedule was on display in communal areas offering a range of individual and group activities such as board games, walks and gardening.

Residents also had opportunities to engage in their own preferred activities. Arrangements were in place to meet patients' 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.

Residents care records were held confidentially.

Care records were person centred, well maintained 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 clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Observation of the environment identified that a bedroom door was propped open with a door wedge preventing it from closing in the event of the fire alarm being activated, this was discussed with the manager and an area for improvement was identified.

Systems and processes were in place to manage infection prevention and control which included 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 Ann McGrath has been the Registered Manager of this home since April 2005.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system 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.

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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ann McGrath, 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 27 (4) (d) Stated: First time To be completed by: 28 October 2025	<p>The registered person shall ensure that the practice of propping open fire doors ceases immediately.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The Home Manager has addressed this situation immediately with the resident who had propped open his bedroom door and bathroom door and has reaffirmed the importance of fire safety regulations for all residents. Furthermore all staff have been reminded that no fire doors are permitted to be propped open.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for Improvement 1 Ref: Standard 25.3 Stated: First time To be completed by: 30 November 2025	<p>The registered person shall ensure competency and capability assessments are kept under review for all staff who take charge of the residential home in the absence of the manager.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Home Manager has undertaken a full review of the processes and procedures for completion of Competency and Capability Assessments in collaboration with a Nurse Consultant. Revised assessment protocols have been implemented and all assessments for staff will be completed by 30th November 2025</p>

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



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