The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Glencarron

Provider: Glencarron Homes Ltd

Date of Inspection: 22 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:	Glencarron Homes Ltd
Responsible Individual:	Mrs Bridget Liddy
Registered Manager:	Miss Emma Campbell – not registered

This home is a registered nursing home which provides general nursing care for up to 44 patients under and over 65 years of age, including patients living with dementia or a learning disability. Glencarron also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years.

Of the 44 patients accommodated there shall be:

A maximum of 4 persons assessed as requiring dementia care and a maximum of 10 persons in the categories of physical disability other than sensory impairment over and under the age of 65 years.

There shall be a maximum of 2 named persons within the home living with a learning disability.

The home is also approved to provide care on a day basis for a maximum of 9 persons or a maximum of 5 persons of high dependency.

Patients' bedrooms are located over two floors and patients have access to communal lounges and dining rooms.

2.0 Inspection summary

An unannounced inspection took place on 22 October 2025 from 09.30 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 care inspection on 7 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, patient dining experience and the provision of activities. There were examples of good practice found

in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider; two areas for improvement in relation to medicines management has been carried forward for review at the next inspection and four new areas for improvement have been identified. Details 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 patients, 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

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of attending activities or not; where to sit and where to take their meals. Some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "The manager and staff are attentive. When I came here I had sores and I wasn't able to walk. Staff have helped me get back on my feet and my sores have healed. The food is really good and we get good portions. I've put on weight" and "The staff are marvellous. I have no concerns at all".

Patients unable to voice their opinions were observed to be well presented, comfortable and relaxed with staff.

Patients' relatives spoken with said, "Staff are great. They're on the ball and the care is excellent. Communication is good as they advise us of any changes in Mum's health," and "Staff are committed to the patients. The manager, staff and the care provided is excellent. Mum really enjoyed playing skittles recently. It was great to see everyone laughing and having fun. I have peace of mind knowing that she's well looked after".

Staff confirmed that there were good working relationships; there was enough staff on duty to meet patients' needs and complete tasks; they enjoy working in the home and take pride in their work; that the manager was approachable and they felt well supported in their role.

A visiting professional said, "We are in and out of the home often and find the staff very helpful".

Following the inspection, we received three completed patients' representative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No responses from the staff online survey were received 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 patients. There was evidence of systems in place to manage staffing and recruitment was underway.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Review of mandatory training records evidenced that the training provided staff with the necessary skills and knowledge to care for the patients.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

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

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room on the first floor. Food was served from a heated trolley by a catering assistant. The menu was displayed on the notice board in both written and pictorial form, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. Patients enjoyed their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Diet Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately. Patients spoken with indicated that they enjoyed lunch.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as word searches, board games, playing bingo and bowls, gentle exercises and arts and crafts. Patients told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. A few patients told us that they sometimes declined to take part in daily activities as they prefer to plan their own time. Patients spoken with said they enjoyed the activities they attended.

Although there was evidence of planned activities, examination of activity records confirmed that further work was required to evidence delivery of activities on a consistent basis to all patients. Examination of records showed that individual activity assessments with associated person centred activity care plans were not consistently in place and evaluations of activity delivery was not recorded in a contemporaneous manner. An area for improvement was identified.

3.3.3 Management of Care Records

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

On inspection of an identified store room, it was observed that patients' records and information was not safely stored and easily accessed. An area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms and cleaning stores were observed to be appropriately locked.

Equipment used by patients such as toilet frames and shower chairs were seen to be effectively cleaned.

Staff members were observed to carry out hand hygiene at appropriate times. Dispensers containing hand sanitiser were seen to be full and in good working order. However, on inspection of hand sanitiser dispensers in corridors, it was noted that not all were effectively cleaned in accordance with infection control best practice. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment (PPE), for example aprons and gloves were available throughout the home. However, we observed that only vinyl gloves were available in the PPE stations. Infection control guidance advises that nitrile gloves are made available to allow staff choice depending on the type of care they are delivering. An area for improvement was identified.

3.3.5 Quality of Management Systems

Since the last inspection there has been a change in the management arrangements. Miss Emma Campbell commenced the role of manager on 14 April 2025. RQIA were notified appropriately.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. 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 the quality of services provided by the home.

Patients and patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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*	5*

* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Emma Campbell, Manager, and the management team, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall review the management of thickening agents to ensure that records of prescribing and administration are accurately maintained. The recommended consistency level should be recorded on all records. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for Improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** With immediate effect (25 May 2023)	The registered person shall ensure that maximum, minimum and current temperatures of medicine refrigerators are accurately monitored and recorded and that a record is maintained of the corrective action taken if the temperature is outside the recommended range. 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.
Area for Improvement 2 **Ref:** Standard 11 **Stated:** First time **To be completed by:** From the date of inspection 22 October 2025	The registered person shall ensure that a contemporaneous record of activities is maintained, to include the type of activity, the names of persons leading each activity and the name of the patients who participate. Individual activity assessments should be completed and reviewed as required to inform and compliment patient centred care plans. Ref: 3.3.2
	Response by registered person detailing the actions taken: Activities are now recorded on an indivual basis.

Area for improvement 3 **Ref**: Standard 37 **Stated:** First time **To be completed:** From the date of inspection 22 October 2025	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards. Ref: 3.3.3
	Response by registered person detailing the actions taken: Ensure that all store cupboards are locked immediately after use.
Area for improvement 4 **Ref**: Standard 46 **Stated:** First time **To be completed:** From the date of inspection 22 October 2025	The registered person shall ensure that dispensers containing hand sanitiser are kept clean and hygienic at all times in accordance with infection control best practice in order to minimise the risk of infection for staff, residents and visitors. Ref: 3.3.4
	Response by registered person detailing the actions taken: The cleaning of dispensers is now amended to include the underside of dispensers in the daily list of domestics duties.
Area for improvement 5 **Ref:** Standard 46 **Stated:** First time **To be completed by:** From the date of inspection 22 October 2025 .	The registered person shall ensure a choice of gloves is available for use by staff depending on the type of care they are providing. Ref: 3.3.4
	Response by registered person detailing the actions taken: Nitrile gloves are now added to the stock list and in cirulation within the home.

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

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