

Inspection Report

Name of Service:	Glendun Nursing Home
Provider:	Glendun Nursing Home Ltd
Date of Inspection:	21 April 2026

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
Service Profile: This home is a registered nursing home which provides general nursing care and care for persons under 65 years with a physical disability. The home is registered for 31 patients. The home is divided over two floors with bedrooms on both floors, a communal dining room, lounge and bathrooms. There is a separate residential care home which occupies part of the first floor and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 21 April 2026 from 09.50 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 30 September 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 patients 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection five 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 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 spoken with said that they were very satisfied with the care and services provided to them in Glendun Nursing Home. Patients described staff as, "very nice", and "wonderful, always happy to help."

Patients commented on staff availability; with some saying that "they can take a long time to answer the buzzer...but very polite and pleasant when they get here", and "staff are very busy but lovely to us." All patients spoken with said that their needs were met.

Patients confirmed that they are afforded choices throughout the day. For example, "the food is very tasty and you get a choice of two...if you don't like it you can just say", and "I picked this outfit this morning."

Patients talked about how they like to spend their time and told us about organised activities such as games and bingo. Some patients said that they also engage in their own interests such as reading the daily paper, doing puzzles, or spending time with family. Patients confirmed that staff supported them to have meaning in their day.

Relatives spoken with said that they were satisfied with the overall experience of the home. They described the care as, "very good", and said that staff were "great." Relatives said that

they found their loved ones to be happy and content and that was their main concern. One relative said that they were “generally” happy but raised a few minor concerns which were shared with the management team with consent.

No questionnaires were received following the inspection.

Staff spoken with said that they were happy working in the home. Nursing and care staff said that they felt supported through good inductions to their roles and regular training. Staff said that the management team were “good.” A small number of staff commented that there was “not enough (staff from their team) on each day.” Although further discussion suggested that it was a team performance issue as staff suggested that “some work to standard and some don’t.” Comments were shared with the management team for consideration and action where required.

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.

Staff duty rotas were reviewed and found to be clear and accurate. The manager’s hours were stated and the nurse in charge for each shift was identified. A previous area for improvement was assessed as met.

As stated in section 3.2, patients commented positively about their interactions with staff, and while some commented that staff were very busy, all patients told us that their needs were met.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 patients’ needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients’ needs. For example, staff ensured that patients had a comfort break before going for meals.

Through observation and discussions, staff demonstrated that they knew individual patients well and could anticipate care needs. One patient said, “It is first class here...they are on top of everything.”

At times some patients may require the use of equipment that could be considered restrictive to keep them safe. For example, bed rails or alarm mats. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. A previously identified area for improvement was met.

A review of wound care records established that care plans were in place and there was a system in place to ensure ongoing wound assessment and adherence with treatment plans. A previously identified area for improvement was met.

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. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Breakfast and lunch servings were observed. A menu displayed the options available and staff confirmed that this was updated prior to each sitting. The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

It was established that there was a mealtime lead who coordinated patients' orders and ensured that any special requirements such as modified diets were communicated to all relevant staff. It was evident that there were robust systems in place to manage patients' nutrition and mealtime experience.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity of bingo in the afternoon confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

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

Staff understood that meaningful activity was not isolated to the planned social events or games.

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

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.

Patients care records were held confidentially.

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.

3.3.4 Quality and Management of Patients' Environment

The home was clean, warm, and tidy. Patient bedrooms were clean and personalised with items important to the patient. A number of identified bedrooms were found to have strong malodour that remained throughout the period of the inspection. The affected room numbers were shared with the management team and an area for improvement was identified.

Communal lounges and dining rooms were suitably furnished to accommodate patients, staff, and visitors.

Communal toilets and bath/shower rooms were clean and accessible. It was noted in some communal shower rooms that the window coverings were not sufficient to ensure privacy. An area for improvement was identified.

It was also noted that there were net curtains hanging near toilets and in sluice rooms. Discussion with staff evidenced that these curtains were not being decontaminated. An area for improvement was identified.

It was observed that toilet brushes throughout the home were not air-drying and therefore not in keeping with infection prevention and control best practice. An area for improvement was identified.

Staff were trained in infection prevention and control and were observed to practice hand hygiene and to use personal protective equipment (PPE) appropriately.

The most recent fire risk assessment had been conducted on 7 October 2025, and at that time no significant actions were required. The responsible individual informed the inspector that there was a fault with the fire panel and confirmed via the electrical engineer that the fire alarm system was still in working order. RQIA had not been informed of this estates issue at the time of fault detection and we requested a notification be submitted to RQIA in retrospect. The provider submitted a notification following the inspection and gave assurances that arrangements had been made to carry out the necessary repairs. At the time of writing this report, the provider confirmed that the works had been completed.

Review of fire drill records and discussion with the management team evidenced that fire drills were incorporated as part of a routine, planned, weekly fire alarm test. The nature of a set weekly 'fire drill' could result in the same staff attending multiple drills while other staff working unsocial hours such as nights or weekends miss the opportunity to participate. Furthermore, it was unclear from the records if all staff had participated in a fire drill at least once in the last year. 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. Mrs Katrina O'Hara has been the manager in this home since 21 December 2018. Staff described management as "good", and relatives said that they could raise concerns with management as and when they needed.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to patients. Improvements had been noted in the auditing of care records and a previously identified area for improvement was assessed as met. The inspector and manager discussed some minor changes that would further enhance the robustness of the auditing system.

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	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Katrina 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	
Area for improvement 1 Ref: Regulation 18 (2) (j) Stated: First time To be completed by: 28 April 2026	The registered person shall ensure that the malodours in the identified bedrooms are investigated and eliminated for the comfort and dignity of patients. Ref: 3.3.4 Response by registered person detailing the actions taken: Malodours have been addressed . Staff a=have been advised to monitor these rooms carefully and report any malodours to management/domestic staff.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for Improvement 1 Ref: Standard 6 Stated: First time To be completed by: 28 April 2026	The registered person shall ensure the availability of suitable window coverings in communal bathrooms for the privacy and dignity of patients. Ref: 3.3.4 Response by registered person detailing the actions taken: Suitable window coverings are available and installed in communal bathrooms
Area for Improvement 2 Ref: Standard 46 Criteria 2 Stated: First time To be completed by: 22 April 2026	The registered person shall ensure that the risk of the spread of infection is reduced by removing any unnecessary net curtains in sluice rooms and ensure a robust system for the regular decontamination of any remaining curtains in the home. Ref: 3.3.4 Response by registered person detailing the actions taken: Unnecessary net curtains have been removed from sluice rooms
Area for Improvement 3 Ref: Standard 46 Stated: First time To be completed by: 28 April 2026	The registered person shall ensure that toilet brushes are stored in air-dry holders. Ref: 3.3.4 Response by registered person detailing the actions taken: Toilet brushes have been replaced by recommended 'air dried' brushes

Area for Improvement 4 Ref: Standard 48 criteria 8 Stated: First time To be completed by: 19 May 2026	The registered person shall ensure that all staff working in the home have participated in a fire drill at least once a year, or more often if training needs are identified. The management team should have clear oversight of staffs' participation in fire drills and records should be maintained. Ref: 3.3.4 Response by registered person detailing the actions taken: All staff attend annual fire training in house , this includes a fire drill. Therefore all staff attend a fire drill at least annually. However we do carry out regular drills (weekly) to capture all staff. Records of the weekly drills and annual training are retained in office. A new adressable fire alarm system is now in place therefore weekly drills will recommence fotheiwth.
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