

Inspection Report

Name of Service: Gnangara

Provider: Radius Housing Association

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

2.0 Inspection summary

An unannounced inspection took place on 24 July 2026 from 9.20am to 1.45pm. The inspection was conducted by a care inspector.

The inspection was undertaken to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean and well maintained to a good standard. Bedrooms were meaningfully personalised with items important to each resident.

Residents said they were happy in the home, staff were kind and they enjoyed the meals.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents. Staff praised the manager and reported that they were approachable and responsive.

There were no areas for improvement identified 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 confirmed that they were well cared for and staff were kind and attentive and they enjoyed the meals. Four residents made the following comments; "I am spoilt here.", "Everything is very good and so are the staff. I don't see anything wrong.", "It's a home from home. Couldn't be better." and "The staff are brilliant. Really good and friendly."

Staff spoke positively about their roles and duties, the provision of care, teamwork, training and managerial support.

One visiting professional referred to the home as a "brilliant home", with good receptive staff and management, and very transparent.

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.

Residents said that there was enough staff on duty to help them. 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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

There was an effective management of staff registrations with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Care staff received a handover at the commencement of their shift. The handover information included important information about the residents, especially changes to care, that staff needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences. Observations of the staff and residents interactions found staff to be kind and compassionate.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff were seen to be person-centred in their delivery of care with use of patience, reassurance and comfort.

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 safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager 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 their GP if required.

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. Residents commented positively on the provision and choice of meals.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. Residents were engaged in pastimes of choice including one resident who was going out later to an external event for the day.

3.3.3 Management of Care Records

Residents' care records were maintained safely and securely.

The manager confirmed that a preadmission assessment is undertaken before a resident is admitted to the home. This is to ensure that the home can meet the assessed needs. Following admission care plans are developed to direct staff how to meet residents' needs. These included any advice or recommendations made by other health care professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet residents' needs.

Daily evaluations of care were generally well written with issues of assessed need having a recorded statement of care / treatment given with effect of same.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy, with a good standard of décor and furnishings. Residents' bedrooms were comfortable and personalised. Communal areas were suitably furnished and homely. Bathrooms and toilets were clean and hygienic.

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

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 14 April 2026. Corresponding evidence was in place to confirm that the recommendations made from this assessment was reviewed.

Fire safety training, fire safety drills and fire safety checks were maintained on a regular and up-to-date basis.

Review of records and observations confirmed that appropriate 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

Ms Margaret Irwin is the Registered Manager of the home.

Residents and staff commented positively about the management team and described them as supportive and approachable.

The manager had processes in place to monitor the quality of care and other services provided to residents. Systems of audit and quality assurance were well maintained with action plans in place to address any issues identified.

Accidents and incidents are reported to the relevant stakeholders. The manager undertakes a monthly audits of these events to establish if there are any trends or patterns and if necessary follow action.

Records of the visits by the responsible individual were maintained in good detail and on an up-to-date basis. These records confirmed good governance arrangements for the home.

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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