The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Glendun Residential Home

Provider: Glendun Nursing Home Ltd

Date of Inspection: 3 August 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 residential care home which provides health and social care for up to 15 residents with a range of health and social care needs.

There are a range of communal areas throughout the home.

There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 3 August 2026, between 9.30 am and 4.00 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 found that safe, effective and compassionate care was delivered to residents and that the home was well led. 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. 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 three areas for improvement were assessed as having been addressed by the provider. One area for improvement in relation to staff supervision has been 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 resident's, 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 said that the staff were "Good" and "Very nice". Comments included, "We are well looked after," and "They are all lovely."

Staff said that they enjoyed working in Glendun Residential Home.

A visitor to the home commented, "It's very nice, the staff are very friendly."

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.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

There was evidence that staff had received their formal appraisal; however, there was limited evidence that all staff had received formal individual supervision within the required timeframes. An area for improvement has been stated for a second time.

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.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness. 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.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place.

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.

There were robust systems in place to manage residents' nutrition and mealtime experience. The menu was displayed with the options available and staff confirmed that this was updated prior to each sitting. The dining experience was an opportunity for patients to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The weekly programme of activities was displayed on the noticeboard, this had not been updated for the new week. This was discussed with the manager who agreed to have this updated to accurately reflect the activities for the present week. Residents participated in resident's meetings, which provided an opportunity for them to comment on all aspects of the running of the home.

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.

Residents care records were held confidentially.

Staff were able to describe what resident's preference and wishes were but the care plans reviewed did not reflect this level of detail. For example, one resident's personal care plan lacked detail as to the support needed, a second residents care plan did not provide information with regards to whether or not the resident could independently take their medication and a third care plan lacked detail on how staff could support a resident with their weight. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out on a regular basis. Concerns regarding the security of one of the medication trolleys in the home was discussed with the manager and the responsible individual, these concerns were addressed on the day of the inspection and a robust action plan was put in place for staff. This will be reviewed at a future inspection.

There was evidence that systems and processes were in place to manage infection prevention and control that included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. PPE stations were sufficiently stocked with aprons and gloves. However, not all staff were bare below the elbows, for example staff were observed wearing nail polish, which is not in accordance with the regional guidance. An area for improvement was identified.

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 a new fire alarm system had been installed and that he had requested an updated fire risk assessment to be carried out.

Review of fire drill records and discussion with the management team evidenced that fire drills were incorporated both as part of a routine, planned, weekly fire alarm test and face to face training. The responsible individual confirmed that all staff had completed their fire drill training which had also incorporated the new fire alarm system.

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 the manager supportive, staff confirmed that they could raise concerns with the manager if they needed to.

Review of a sample of records evidenced that a 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	0	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Residential Care Homes Minimum Standards (Version 1.2 Dec 2022)	
Area for improvement 1 **Ref:** Standard 24.2 **Stated:** Second time **To be completed by:** 31 August 2026	The Registered Person shall ensure that all staff have recorded individual supervision, no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Home Manager has put in place a system to monitor and ensure that all staff receive individual supervision no less than every six mionths

Area for improvement 2 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 7 August 2026	The registered person shall ensure that care plans are kept up-to-date and reflect the resident's current needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered person has adressed the issue raised and will ensure that care plans are kept up to date and reflect the Resident's current needs.
Area for Improvement 3 **Ref:** Standard 35.7 **Stated:** First time **To be completed by:** 3 August 2026	The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff remain bare below the elbows at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff have been reminded at daily 'handovers' of the importance of hand hygiene and that they must remain bare below the elbow at all times.

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