The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Glens

Provider: Ulster Care Ltd

Date of Inspection: 14 September 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:	Ulster Care Ltd
Responsible Individual:	Dr Muhammad Majeed
Registered Manager:	Mrs Finvola Sloane
Service Profile – This home is a registered residential care home which provides health and social care for up to 16 residents with a range of health and social care needs. The home is on one level and residents have access to communal spaces across the home.	

2.0 Inspection summary

An unannounced inspection took place on 14 September 2026, between 10.40 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 17 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 residents 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 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. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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 five areas for improvement were assessed as having been addressed by the provider. Two other areas for improvement have been carried forward for review at the next inspection. 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 spoken with provided positive feedback about their experiences living in the home. The residents spoke positively about the staff, food and day to day life. Some of the comments shared by residents included, "I love it in here, the staff are all very friendly" and "it is a brilliant place, no turnover of staff. Very homely, personalised care."

Relatives visiting the home also were complimentary about the staff and care delivery in the home. Some of the comments shared included, "we are very happy as a family about the care my relative receives in the home. The staff are excellent and my relative is very content."

Staff spoken with said they enjoyed working in the home and found the management team to be approachable and supportive.

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 a system in place to ensure pre-employment checks were completed prior to staff commencing employment in the home.

The duty rota was in place however, the manager had been providing cover and was included in the planned staffing levels but these hours were not reflected on the duty rota. The details of this were shared with the manager and a new area of improvement was identified. Furthermore the person in charge of the home in the absence of the manager was not identified on the duty rota. An area for improvement was identified.

There was evidence of a system in place to oversee staff supervision's and annual appraisals. However, this did not clearly evidence that staff received supervision at least once every six months. An area for improvement was identified. In addition staff had not received their annual appraisal and no planned dates were in place. An area for improvement was identified.

There was a system in place to monitor staff's compliance with mandatory training, however further improvements were required with overall compliance to ensure staff were suitably trained for their roles. An area for improvement was identified.

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.

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 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, including those residents who had difficulty in making their wishes or feelings known. 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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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 there was a system in place to monitor restrictive practices and ensure these were managed appropriately for example, alarm mats. However, the system in place to monitor residents with a Deprivation of Liberty Safeguard (DoLS), was not robust at ensuring these were kept updated. The details of this were shared with the manager and assurances were provided that this would be actioned appropriately. A new area for improvement was identified.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position regularly and care records accurately reflected the residents' assessed needs.

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.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were systems in place to manage residents' nutrition and mealtime experience. Residents appeared to be enjoying their meals, there was evidence of choice and portion sizes were appropriate. A discussion took place with the manager regarding promoting a social atmosphere at lunch for example, introducing music. This will be reviewed at a future inspection.

Residents provided mixed feedback regarding activity provision in the home; some resident's said "sometimes there are things to do" and others advised there were singers that would come in and opportunities to engage in group activities. Care records did not evidence consistent planned activities in place. The details of this were shared with the manager and an area for improvement was identified.

Residents were observed engaging in their own preferred stimulation at the time of inspection, for example, watching the television, reading the newspaper, colouring or completing puzzles.

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. Care plans were developed to direct staff on how to meet residents' needs however, improvements were required to some risk assessments and care plans to ensure that these were reflective of individual assessed need. Repositioning timeframes and moving and handling assessments were not clear in one residents care file. The details of this were shared with the manager and assurances were provided that updated care records were in place to reflect this however, these were not made available on the day of inspection. An area for improvement was identified.

Risk assessments were not always updated following an incident or as a resident's needs changed, for example, falls risk assessments had not always been updated following a fall and moving and handling assessments had not been updated following change in need. An area for improvement was identified.

Residents care records were held confidentially. However, there was no clear evidence of residents or their representatives input into care plans. The details of this were shared with the manager and assurances were provided this would be addressed. This will be reviewed at the next inspection.

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.

There was evidence of some pieces of equipment requiring replacement, for example, a mattress in a vacant bedroom, a shower chair legs with evident rust and a worn bathroom cabinet. The details of this were shared with the manager and assurances were provided that plans were in place to address these.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. There were gaps evident in the completion of nightly fire checks, the details of this were shared with the manager and assurances were provided this would be monitored to ensure these checks were completed by the staff. This will be reviewed at a future inspection.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Finvola Sloane has been the manager in this home since 24 March 2026.

Residents, relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that there were systems in place for reviewing the quality of care, other services and staff practices. There was evidence that the manager responded to concerns, raised with them or by their processes, and took measures to improve practice or the quality of services provided by the home.

Systems in place to monitor the environment did not clearly evidence the actions taken to address concerns where these were identified. The details of this were shared with the manager and an area for improvement was identified.

There was a system in place to review the patterns and trends associated with falls to reduce these further; more detailed analysis would be of benefit to ensure the analysis is robust at identifying opportunities to further reduce the risk of falls. The details of this were shared with the manager.

The Adult Safeguarding Policy in place within the home required review. The details of this were shared with the manager and assurances were provided that this would be reviewed and updated. This will be reviewed at a future inspection.

Residents and their relatives said that they knew who to approach if they had a concern and had confidence that any concern would be managed well.

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	11*

* the total number of areas for improvement includes two standards that have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Finvola Sloane, 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 Minimum Standards (May 2026)	
Area for improvement 1 **Ref:** Standard 15.12 **Stated:** First time **To be completed by:** From the date of inspection (11 July 2023)	The registered person shall ensure that the residents' monies and valuables held in the safe place are reconciled (checked) at least quarterly and recorded. The records should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff. 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 15.7 **Stated:** First time **To be completed by:** From the date of inspection (11 July 2023)	The registered person shall ensure that receipts are provided to the person depositing monies on behalf of a resident. The person depositing the monies should sign the record along with a member of staff. 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 3 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall ensure that the duty rota accurately reflects the capacity in which staff are working over a 24 hour period. This is with specific reference to the manager's hours. Ref: 3.3.1
	Response by registered person detailing the actions taken: This was completed on the day of inspection and rota was updated.
Area for improvement 4 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall ensure that the person in charge in the absence of the manager is clearly recorded on the duty rota. Ref: 3.3.1
	Response by registered person detailing the actions taken: This was completed both on paper rota and on the online rota available for staff.
Area for improvement 5 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 12 October 2026	The registered person shall ensure that staff receive recorded individual, formal supervision according to the home's procedures and no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: we are continuing to ensure this is carried out in a timely manner

Area for improvement 6 **Ref:** Standard 24.5 **Stated:** First time **To be completed by:** 12 October 2026	The registered person shall ensure that staff receive a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff who have not already had their appraisal carried out are booked in for their annual appraisal
Area for improvement 7 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 12 October 2026	The registered person shall ensure that staff mandatory training requirements are met. Ref: 3.3.1
	Response by registered person detailing the actions taken: we are carrying out audits monthly to ensure this is actioned and working alongside our online learning to ensure all staff are aware of due trainings.
Area for improvement 8 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall ensure that the system in place to monitor residents with a Deprivation of Liberty Safeguard (DoLS) is kept under regular review to ensure any actions required are taken within the timeframes required. Ref: 3.3.2
	Response by registered person detailing the actions taken: we check Dol's monthly as part of our managers reports and any changes are documented as and when they happen.
Area for improvement 9 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall ensure that all residents have individual comprehensive care plans in place to reflect their assessed level of need. This should be updated as the residents assessed need changes. Ref: 3.3.3
	Response by registered person detailing the actions taken: All residents whos careplan required updated has been done so and will be updated when their needs change.

Area for improvement 10 **Ref:** Standard 5 **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall ensure that assessments are amended as changes occur and kept up-to-date to accurately reflect at all times the needs of the resident. This is with specific reference to falls risk assessments and moving and handling risk assessments. Ref: 3.3.3
	Response by registered person detailing the actions taken: All residents whos careplan required updated has been done so and will be updated when their needs change
Area for improvement 11 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 14 September 2026	The registered person shall ensure that action plans developed as part of environmental audits, are signed off to evidence when the actions are completed. Ref: 3.3.5
	Response by registered person detailing the actions taken: This was actioned the following day when the audits were carried out and will be audited monthly.

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