The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Glenalina Lodge Care Home

Provider: Radius Housing Association

Date of Inspection: 16 and 17 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:	Radius Housing Association
Responsible Individual:	Mr Greer Wilson
Registered Manager:	Mr Graeme Beatty
Service Profile – This home is a registered residential care home, which provides social care for residents living with dementia, mental health needs or requiring general residential care. Accommodation is provided over two floors. Residents' bedrooms all have ensuite facilities. The facilities include an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on the 16 September 2026 from 9.55 am to 4.00 pm and on the 17 September 2026 from 9.30 am to 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 31 July 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 established 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 nine 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 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 spoke positively about life in the home. Comments included, "I have no concerns over the care, the staff are good," and, "It`s all good! The staff are brilliant." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "The staff are brilliant! My room is kept clean and tidy." Another resident said," The staff are very attentive, the food is good."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

A relative commented on how, "The staff are excellent, I have no concerns over care."

Another relative spoke of their concerns around the activity programme in the home. This was passed back to the manager for his attention.

There was evidence of residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed responses to the resident or relative questionnaire, or to the staff survey were received following the inspection.

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. Some staff discussed the need for the training for behaviours that challenge to be made more comprehensive. 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.

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

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 resident 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 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.

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.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. One resident raised some issues with the food being provided in the home, and made some suggestions for improvements. This was passed back to the manager for his action.

Information relating to residents' individual food choices was being displayed on a noticeboard in the dining room. It was also discussed with the manager how having the daily menu displayed on the noticeboard in the dining rooms, would be beneficial to residents. The manager agreed to address these issues.

The importance of engaging with residents was well understood by the manager and staff.

Residents were enjoying a group chair based activity in the large downstairs lounge on the morning of inspection, resident commented on how much they enjoyed this.

Some staff commented on the nurse call system becoming ineffective due to overloading of the system, and the system requiring to be regularly cleared by staff from the main office. This raised concerns with the reliability and effectiveness of the system in place. There was also the need for some residents to have a pendant to link into the call system. An area for improvement was identified.

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

Residents' needs were met through a range of individual and group activities such as arts and crafts, musical activities, exercise and games. It was discussed with the manager the need for what is on display as the days planned activity, matching the activity provided on the day by staff.

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.

Care records were person centred and regularly reviewed. One care plan did not have the detail required to direct staff in the one to one supervision of a resident, or to the frequency that the need for the one to one supervision was reviewed. An area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

The door to a small kitchen was found to be open, this meant residents could have had unrestricted access to a cupboard containing foodstuffs. This was brought to staffs attention and addressed. An area for improvement was identified

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. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

The need for the home to complete an environmental dementia audit, to make the environment more supportive for residents living with dementia was discussed with the manager. An area for improvement was identified.

A door closure on a kitchen store was not working properly. This was fixed on the day of inspection.

There was evidence that 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

There has been no change in the management of the home since the last inspection. Mr Graeme Beatty has been the manager in this home since 14 October 2021.

Residents, relatives and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

Residents and relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

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	2	3

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Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Graeme Beatty, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27(2)(c) **Stated:** First time **To be completed by:** 1 December 2026	The registered person shall ensure the effectiveness of the call bell system is reviewed, to ensure that all calls for assistance are regularly registered and communicated to staff. This includes the provision of pendants to residents who request them. Ref: 3.3.2
	Response by registered person detailing the actions taken: A review of the effectiveness of the call bell system remains in place. Additional training has been provided to all staff to ensure calls are cleared correctly. A pendant has been provided to the resident who requested one and any future requests will also be granted in a timely manner.
Area for improvement 2 **Ref:** Regulation 14 (2)(a)(c) **Stated:** First time **To be completed by:** 17 September 2026	The registered person shall ensure that all parts of the home that the residents have access to are free from hazards to their safety. This is stated in relation to the small kitchen, and residents having unrestricted access to food. Ref: 3.3.4
	Response by registered person detailing the actions taken: Actioned, and a lock has been placed on the cupboard in the small kitchen area which is used by residents and their visitors.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 1 December 2026	The registered person shall ensure that the behaviours that challenge training is reviewed. This should take into account learning from previous incidents. Ref: 3.3.1
	Response by registered person detailing the actions taken: A review of behavious that challenge training taking account of recent learning has been completed.

Area for improvement 2 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 17 September 2026	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to • Care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff. • Care plans for one to one supervision should identify when the need for the one to one supervision is reviewed. Ref: 3.3.3
	Response by registered person detailing the actions taken: The care plan for the resident with one to one supervision has been reviewed and more frequent evaluation dates applied.
Area for improvement 3 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 December 2026	The registered person shall ensure that a dementia audit of the environment is completed, to make the environment more supportive of residents living with dementia. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Association has arranged for a dementia audit of the scheme to be completed.

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



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