

Inspection Report

Name of Service: Glenabbey Manor
Provider: Kathryn Homes Ltd
Date of Inspection: 18 & 19 August 2025

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:	Kathryn Homes Ltd
Responsible Person:	Mrs Tracey Anderson
Registered Manager:	Mrs Liza Lorimer
<p>Service Profile –</p> <p>This home is a registered residential care home, which provides health and social care for up to 76 residents. The home is divided into three units, over three floors. The Meadow unit is located on the ground floor; the Hill unit is located on the first floor and the Mountain unit is located on the second floor. The home provides both general residential care and care for individuals living with dementia.</p> <p>Residents' bedrooms all have en suite facilities. Residents have access to communal lounges, dining rooms and an enclosed garden and patio area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 August 2025, from 9.00 am to 4.30 pm and on 19 August 2025 from 9.30 am to 1.50 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective, 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 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.

Full details of the inspection, 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 described staff as, "lovely people" and "all very good." Comments included, "I love it here," and "I have no complaints, the staff are very good."

Some residents shared their dissatisfaction regarding the quality of food in the home. This was discussed with the management team who confirmed that they were aware of this issue, actions have been identified and it remains under review by the management team in the home.

Residents told us that they were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices. A review of records indicated that resident dissatisfaction with meals had been discussed.

One relative spoken with said, "The care is unsurpassable, the staff are fantastic," another relative told us "The staff are nice, the room is clean and the manager will address any issues raised."

Staff said that they enjoyed working in Glenabbey Manor, staff said; "Staffing levels are good, there is good support from management," and "There is a nice atmosphere here, the safety of our residents' is most important."

No additional feedback was received from residents, relatives or staff 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. 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 that there was good team work, they felt well supported in their role and they were mostly satisfied with the staffing levels. Comments from relatives regarding the allocation of staffing were shared with the manager for review.

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, in one unit staff were observed supporting residents in armchair activities, while in other units' staff were observed chatting with residents in the communal areas.

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. For example, throughout the inspection 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.

There was evidence that residents were encouraged to participate in 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.

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 staff and 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 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 residents. Residents may need a range of support with meals; this may include simple encouragement to full assistance from staff and the diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support residents with their meal. Although the meal served appeared appetising, a number of residents have complained about the quality of food served in the home recently. This was discussed with the management team during feedback.

Staff understood that meaningful activity was not isolated to the planned social events or games. An activities schedule was in place for residents to take part in if they wished to do so. Residents commented positively about the provision of activities provided in the home, comments included, "I like the armchairs activities they are good fun."

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.

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

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. Some chairs throughout the home were marked or torn, this was discussed during feedback and evidence was provided that new chairs had been ordered for the home.

The home was designed to support residents living with dementia. For example, the home was well lit with contrasting colours throughout. The communal areas and bedrooms were spacious which ensured that residents could navigate the home safely.

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's was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

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. However, some staff were wearing gel nail polish, which is not in accordance with good practice in infection prevention and control. This was discussed with both the staff and manager during feedback for action. 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.

Residents, relatives and staff commented positively about the manager, referring to her as “supportive.”

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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	1

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 (Dec 2022)	
Area for improvement 1 Ref: Standard 28.3 Stated: First time To be completed by: 19 August 2025	The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically, that staff are bare below the elbow when on duty. Ref: 3.3.4 Response by registered person detailing the actions taken Staff reminded about being bare below the elbow in line with IPC guidance and policy, management team review this during daily walkrounds and all issues addressed via HR procedures

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