

Inspection Report

Name of Service:	Granard
Provider:	East Eden Ltd
Date of Inspection:	5 November 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:	East Eden Ltd
Responsible Individual:	Dr Una McDonald
Registered Manager:	Mrs Mai Devlin
Service Profile	
This home is a registered Residential Care Home which provides health and social care for up to 26 residents. Care is provided over two floors and the home is divided into two units. All residents are accommodated in single bedrooms and a number of them include ensuite facilities. Residents have access to communal and dining areas.	

2.0 Inspection summary

An unannounced care inspection took place on 5 November 2025 from 10.15am to 4.15pm 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 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.

The home was found to be clean and bedrooms were tastefully personalised with items which were important to residents.

Residents said that living in the home was a good experience and praised the meal and activity provision.

This inspection resulted in no new areas for improvement being identified. Three areas for improvement in relation to medicines management were carried forward for review to the next 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 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 their experience of life in the home. Comments included: "This is a great place, the staff are all good to me and Mai is a great manager. I love all the staff." "The staff are kind and respectful. Mai is very approachable." "I am quite happy here; the staff are all good. I do some of the activities and other times I just like to stay in my room." "The staff are so good; they go above and beyond. I like to knit and I take part in the activities. We had a Halloween party last week."

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything, all they had to do was ask. Residents commented positively on the meal and activity provision in the home.

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the management team was supportive and available for advice and guidance.

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.

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.

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

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they 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 and pleasant. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences. Observations of the staff and residents interactions during the activities 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.

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.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. An activity timetable was on display in communal areas offering a range of individual and group activities such as arts and crafts or hand massage, day trips, walking, baking and reminiscence therapy. Residents were well informed of the activities planned and looked forward to attending the events.

During the inspection a number of the residents were out at the day centre. For other residents in the home they were engaged in discussions with the staff. There was a relaxed atmosphere and staff were readily available to assist and support in the planned activity.

For those residents who preferred not to participate in the planned activity; they were able to listen to music or watch television or engage in their own preferred activities such as knitting. Residents commented positively on the activity provision and advised that there was always something to do.

Arrangements were in place to meet resident' 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.

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

The home was clean, tidy and well maintained and the residents further reiterated this. Residents' bedrooms were tastefully personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of activities completed by the residents and light music played in the background.

Systems and processes were in place to manage infection prevention and control which included 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 arrangements in this home. Mrs Mai Devlin is the Registered Manager. Discussions with the manager confirmed they had good knowledge and oversight of individual residents' needs and care.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Accidents and incidents were notified, if required, to residents' next of kin, aligned named worker and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was a good system of audits and quality assurance in place. These audits included; environmental, infection prevention and control, restrictive practices and the dining experience.

The home was visited each month by a representative on the behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were very detailed with corresponding action plans in place to address any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

Review of the record of compliments received from relatives identified the following: "Thank you all so much for your incredible kindness and generosity of spirit. We are blown away by the love and service you have all shared, what an amazing team."

4.0 Quality Improvement Plan/Areas for Improvement

No 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 three areas which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Three areas for improvement were carried forward for review to the next inspection. Findings of the inspection were discussed with Mai Devlin, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)

<p>Area for improvement 1</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 17 February 2025</p>	<p>The registered person shall ensure that maximum and minimum refrigerator temperatures are recorded daily to ensure medicines are stored between 2°C and 8°C.</p> <p>Ref: 2.0</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 17 February 2025</p>	<p>The registered person shall ensure that the date of opening/commencement of blister packs is recorded on all medicines to facilitate audit and disposal at expiry.</p> <p>Ref: 2.0</p>
<p>Area for improvement 3</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: 17 February 2025</p>	<p>The registered person shall ensure that when medicines are transferred to residents for self-administration, records are accurately maintained and medicines are appropriately labelled.</p> <p>Ref: 2.0</p>
	<p>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.</p>
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