

Inspection Report

Name of Service: Ard Na Grainde
Provider: Ard Na Grainde
Date of Inspection: 18 November 2025 & 2 December 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:	Ard Na Grainde
Responsible Person:	Mr Justin McCann
Registered Manager:	Miss Rosanna McCann, not registered
<p>Service Profile –</p> <p>This home is a registered residential care home, which provides health and social care for up to 19 residents. Residents have a range of needs and the home provides care for residents living with a mental health disorder excluding learning disability, residents with past or present alcohol dependence, residents living with dementia and general residential care.</p> <p>The home is divided over two floors and residents have access to communal lounges, bathrooms, a conservatory, a dining area and gardens.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 November 2025, between 9.30 am and 4.00 pm by a care inspector and on 2 December 2025, from 10.15 am to 2.45 pm, by a finance 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 7 November 2024; 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.

The finance inspection was undertaken on the 2 December 2025 to evidence how residents' finances and property are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to the management of residents' finances and property.

Three areas for improvement were identified in relation to the reconciling of monies and valuables held on behalf of residents and the recording of residents' transactions. One finding identified under section 3.3.6 of this report will be reviewed at a future RQIA finance inspection.

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 were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection, all of the previous 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 described staff as "First class" and "Very good". Residents spoken with said that they were happy living in Ard Na Grainde. Comments included, "They are all very good, I could not say a bad thing about the place," and "It is great, I love it here, the staff and the residents are all great."

Residents told us that their relatives could visit whenever they wished and were always made feel welcome when they visited the home.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could choose where and when they wished to have their meals.

A review of records confirmed that residents were encouraged to participate in regular resident meetings, which provided an opportunity for them to comment on aspects of the running of the home.

Staff said that they enjoyed working in Ard Na Grainde, staff said; "There is really good team work here, I love it." Staff spoken with all highlighted the importance of taking a person centred approach in everything that they do, one member of staff said "We need to put the residents' first."

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 there was good teamwork, 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 the number and skills of the staff on duty met residents' needs.

There was evidence that staff had received formal supervision; however, there was limited evidence that staff had received their yearly formal appraisal within the required timeframe. An area for improvement was identified.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff and manager confirmed that the risk of falling and falls were well managed. A falls care plan was missing from one of the records viewed; this was discussed with the manager who provided assurances that this would be addressed. This will be reviewed at a future inspection

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.

Meal times were flexible to suit the needs of each individual resident, if; for example, a resident had a lie-in, a change in their routine or had gone out of the home for a walk. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Staff were observed assisting residents appropriately and respectfully with their lunchtime meal. Residents' commented positively in the lunchtime meal, one resident commented, "That lunch was very nice."

A review of records confirmed that residents participated in regular resident's meeting, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

An activities planner was in place for residents to take part in if they wished to do so; however, this was not displayed in the communal areas. Although activities were taking place in the home, the activity folder lacked detail regarding what activity had taken place and who had attended. An area for improvement was identified.

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

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

However, some parts of the home were showing signs of wear and tear. For example, flooring in one bedroom was found to be ripped, handles were missing off a wardrobe and the doors of an under sink cupboard appeared to be water damaged. 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's was safe to live in, work in and visit.

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. Ms Rosanna McCann has been the manager of this home since 1 May 2023.

Residents, their relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. One residents' relative said, "The manager is very accommodating, our views are always encouraged."

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 the quality of services provided by the home.

The registered provider visited the home each month. Reports of these visits were completed.

3.3.6 Management of residents' finances and property

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place. Discussion with the manager confirmed that no residents' personal allowance monies were held at the home for everyday use. However, it was noted that a small amount of monies was held for safekeeping two residents. The procedure for recording and reconciling the monies and valuables held on behalf of residents was discussed with the manager. Following the discussion the manager agreed to implement a more robust system, which would aid the audit process. Two areas for improvement were identified.

Discussions with the manager confirmed that no bank account was used to retain residents' monies.

Discussions with the manager confirmed that no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Discussions with the manager confirmed that no comfort fund monies were held for residents at the time of inspection.

These are monies donated to the home for the benefit of all residents.

Discussions with the manager confirmed that the home pays for podiatry treatments and other purchases, such as newspapers undertaken on behalf of residents in advance and subsequently invoice the Health & Social Care Trust (Trust) or residents' family after spend has incurred. A sample of records of payments were reviewed. The procedure for recording transactions undertaken on behalf of residents, including retaining receipts from the transactions, was discussed with the manager. The invoicing to the Trust for reimbursements was also discussed. Following the discussions, the manager agreed to implement a more robust system, which would aid the audit process. An area for improvement was identified.

Discussions with the manager confirmed that no transport scheme was in place at the time of the inspection. The manager confirmed they provide transport and hairdressing to residents at no extra cost.

Three residents' finance files were reviewed; written agreements were retained within all three files. The agreements included the details of the weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee.

A third party contribution (top up) paid on behalf of a number of care managed residents, as part of their weekly fee, was included in the agreements. Discussions with the manager confirmed that the top up was not for any additional services provided to residents but the difference between the tariff for the home and the regional rate paid by the Health and Social Care Trust.

The resident, or their representative, and a representative from the home signed the three agreements reviewed.

A sample of three residents' files evidenced that property records were in place for the residents. The records were updated with additional items brought into the residents' rooms and when items were disposed of. The records were checked and signed by two members of staff on a bi-annual basis. The manager was advised to ensure that personal items were checked at least quarterly and advised to ensure that the full details of the items were recorded, for example, make and model of laptop owned by the resident. This will be reviewed at the next RQIA inspection.

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*	6*

Areas for improvement and details of the Quality Improvement Plan were discussed with Rosanna McCann, 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 (Dec 2022)	
Area for improvement 1 Ref: Standard 24.5 Stated: First time To be completed by: 31 December 2025	<p>The registered person shall ensure that, all staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p>Ref 3.3.1</p> <p>Response by registered person detailing the actions taken: Management have adopted a robust matrix to ensure appraisals are completed annually in a timely manner.</p>
Area for improvement 2 Ref: Standard 13.9 Stated: First time To be completed by: 31 November 2025	<p>The registered person shall ensure that a record is kept of all activities that take place in the home with the full names of the residents who participate.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: In addition to the activities schedule already in place, the manager will ensure those who participate and those who facilitate are recorded. Additionally, activities schedules will be placed in communal areas so residents, relatives and visitors have access to them.</p>
Area for improvement 3 Ref: Standard 27 Stated: Second time To be completed by: 31 March 2025	<p>The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Maintenance works have been commenced in the areas identified. Additionally, maintenance works have been organised throughout the home, work commenced.</p>
Area for improvement 4 Ref: Standard 15.5 Stated: First time To be completed by: 31 January 2026	<p>The registered person shall ensure that a more robust system for recording residents' monies and valuables handed over for safekeeping is implemented. The system should be updated on a timely basis to reflect the money and valuables held at that point in time. Deposits and withdrawals to the record should be signed by the resident or their representative and the member of staff receiving them or two members of staff.</p> <p>Ref 3.3.6</p>

	<p>Response by registered person detailing the actions taken: Management have updated the current system in place to ensure monies and valuables are audited on a monthly basis (i.e. incoming and outgoing). these audits are signed and counter signed by relevant people.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2026</p>	<p>The registered person shall ensure that monies and valuables that are held on behalf of residents are reconciled and recorded at least quarterly. The records of the reconciliations should be signed by the staff member completing the reconciliation and countersigned by a senior member of staff.</p> <p>Ref 3.3.6</p>
	<p>Response by registered person detailing the actions taken: Management have updated the current system in place to ensure monies, valuables and property are recorded quarterly. At present this is done 6-monthly and on admission. These audits are signed and counter signed by relevant people.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 15.7</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2026</p>	<p>The registered person shall ensure that a more robust system for recording transactions (and the retention of receipts) undertaken on behalf of residents is implemented. The system should be updated on a timely basis to reflect current expenditure/ balances held by residents.</p> <p>Ref 3.3.6</p>
	<p>Response by registered person detailing the actions taken: Management have adopted a more robust system to maintain up to date ledgers which coincide with receipts held for purchases made on residents' behalf. This reflects current expenditure/ balances held by Residents.</p>

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