The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **The Graan Abbey**

**Provider:** **Carewell Homes Ltd**

**Date of Inspection:** **7 January 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:** | Carewell Homes Ltd |
| **Responsible Individual:** | Mrs Carol Kelly |
| **Registered Manager:** | Ms Pamela Fee – not registered |

**Service Profile**
This home is a registered residential care home which provides health and social care for up to 27 residents. Care is provided over two floors and residents have access to communal and dining areas.

There is a nursing home located in the same building and the manager for this home manages both services.

## 2.0 Inspection summary

An unannounced care inspection took place on 7 January 2026 from 9.10am to 3.40pm 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 were kind; 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 provision.

This inspection resulted in two new areas for improvement being identified. Full details, including two 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 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 praised the care provided in the home. Residents reported that they felt safe in the home. Comments included; "This is a great place", "We are well looked after" and "The home is very clean." Residents further advised that there was enough staff on duty to support them.

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 and that this was important to them. Staff spoken with commented that there was good teamwork in place, which facilitated good communication. 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 systems in place to manage staffing. It was noted that staff were not provided with supervision on a minimum six monthly basis. This was identified as an area for improvement.

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.

Review of records identified that staff meetings did not take place on a quarterly basis. This was identified as an area for improvement.

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 return to bed after their breakfast.

### 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, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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 weekly programme of social events was displayed on the noticeboard with residents advising of future events. Residents' needs were met through a range of individual and group activities. On the day of the inspection, a number of residents were provided with their newspapers while others were knitting or completing crosswords. There was evidence of crafts undertaken by the residents, displayed in 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 the resident's representative, 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 a change in the management of the home since the last inspection. Ms Pamela Fee is the manager of the home.

Staff commented positively about the all of management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a 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 in the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Two 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 | 2 |

The areas for improvement and details of the Quality Improvement Plan were discussed with Pamela Fee, 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**<br><br>**Ref:** Standard 24.2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>As from the date of this inspection<br>(8 January 2026) | The registered person shall ensure that all staff have recorded formal supervision, no less that every six months.<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br>All staff supervisions have been completed and updated to the matrix |
| **Area for improvement 2**<br><br>**Ref:** Standard 25.8<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 January 2026 | The registered person shall ensure that staff meetings take place on a quarterly basis.<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br>staff meeting held and recorded on planner for quarterly meetings |

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

The Regulation and Quality Improvement Authority

**The Regulation and Quality Improvement Authority**

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

**Tel:** 028 9536 1111

**Email:** info@rqia.org.uk

**Web:** www.rqia.org.uk

**Twitter:** @RQIANews