The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** The Graan Abbey

**Provider:** Carewell Homes Ltd

**Date of Inspection:** 28 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:**<br>The Graan Abbey is a nursing home registered to provide care for up to 62 patients.<br>The home is divided in two units over three floors. The Cloisters suite is located over three floors and provides nursing care for up to 42 patients. The Primrose suite is located on the second floor and provides care for up to 20 people living with dementia. Patients have access to communal lounges, dining rooms and outdoor spaces.<br><br>There is a residential care home within a separate area of the home and the registered manager for this home manages both services. | |

## 2.0 Inspection summary

An unannounced inspection took place on 28 January 2026, from 9.30 am to 5.55 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 17 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

We found care to be delivered in a compassionate manner and patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Three areas for improvement have been stated for a second time. 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 patients, 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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Very well looked after", "It's first class here", "The staff all do their best", "Very happy here", "I feel safe here" and "This is a good home".

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included: "Management are fantastic here, 10 out of 10", "Good staffing levels", "I really enjoy working here", "Good staff morale" and "I had a good induction".

Three questionnaires were received from patients and relatives. The respondents were very satisfied with the overall delivery of care. Comments included: "The staff, management and carers always go the extra mile to make sure I'm happy and content in the Graan Abbey", "All levels of staff are kind and friendly", "The care provided is of a high level and person centred" and "A high level of respect is shown to everyone and communication is open and honest".

## 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 patients. There was evidence of robust systems in place to manage staffing.

Patients 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 observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

### 3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Observation of patients being transported in wheelchairs evidenced that lap belts were not consistently being used to maintain patient safety. An area for improvement was identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly, however, a number of records did not confirm that patients were always repositioned in line with their care plans. An area for improvement has been stated for a second time.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. Review of a sample of care records regarding unwitnessed falls evidenced that these were mostly well maintained. However, a number of head injury observation charts did not include the date and/or time. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 patients to socialise, and the atmosphere was calm, relaxed and unhurried. A mealtime co-ordinator was available within each of the units to ensure the correct delivery of food to patients.

Patients within the general nursing unit were observed being assisted from one of the lounges or their bedroom to attend the dining room for their lunchtime meal and appeared to enjoy the dining experience.

Within the dementia unit patients were seated in the one lounge for all their meals and leisure activities such as watching television. The lounge appeared crowded due to the number of patients and staff using the room at the same time and the layout of the lounge also minimised the opportunity for patients to socialise. A second lounge/dining area was available within the unit but this was not being used. This was discussed with the management team, who agreed to review the seating/dining arrangements and consider how to improve the overall atmosphere and quality of life for patients. This will be reviewed at a future inspection.

Patients commented positively about the food provided within the home with comments such as: “The food is great here”, “Good variety of food” and “The food is lovely”.

An activity board was available within the conservatory on the ground floor and whilst the activities for the day were displayed, there was no weekly activity schedule. The location of the activity board was also discussed with the activity person and the management team to ensure that this is accessible to all patients throughout the home. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: “I enjoy the activities here”, “There is always something to do” and “The staff are very good here”.

### 3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were not held confidentially in one area of the home. Details were discussed with the management team and an area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients’ relatives, if this was appropriate.

### 3.3.4 Quality and Management of Patients’ Environment

The home was neat and tidy and patients’ bedrooms were personalised with items important to the patient. Outdoor spaces and gardens were well maintained with areas for patients to sit.

Whilst most areas of the home were suitably furnished, warm and comfortable, a number of walls required painting and surface damage was evident to identified floor coverings, doorframes and architraves. Details were discussed with the responsible individual who advised that a refurbishment plan was in the process of being implemented in February 2026 and agreed to have these issues addressed. This will be reviewed at a future inspection.

Low level dust was evident to a number of skirting boards throughout the home. Details were discussed with the management team and an area for improvement was identified.

A patient's bedroom door was observed propped open with a chair preventing it from closing in the event of the fire alarm being activated. An area for improvement has been stated for a second time.

The door to a treatment room on the ground floor was unlocked with access to prescribed medication. This was discussed with the management team and an area for improvement was identified.

Observation of the administration of medication to a number of patients evidenced that this was completed appropriately, however, one patient was observed being left to take their own medication which was not in keeping with their assessed needs. This was brought to the attention of the management team and the necessary action was taken to address this.

The door to a nurse's station was unlocked with access to staff handbags/belongings. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, not all staff were bare below the elbow and an area for improvement has been stated for a second time.

### 3.3.5 Quality of Management Systems

There has been a temporary change in the management of the home since the last inspection with Ms Pamela Fee acting manager as of 9 December 2025.

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

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 management team 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** | 1 | 8* |

* The total number of areas for improvement includes three standards that have been stated for the second time.

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 Nursing Home Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 13 (4) (a)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>28 January 2026 | The registered person shall ensure that prescribed medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.<br><br>With specific reference to ensuring that the treatment room door is secure.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>Memo to all Registered Nurses to ensure that treatment room doors are kept locked at all times |
| **Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 23<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>28 January 2026 | The registered person shall ensure that where a patient requires repositioning this is completed in accordance with their care plan and reflected within supplementary recording charts.<br><br>Ref: 2.0 and 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Repositioning charts have been reviewed by a team of staff and a person appointed to monitor that residents charts are completed in accrodance with their plan of care |
| **Area for improvement 2**<br><br>**Ref:** Standard 48<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>28 January 2026 | The registered person shall ensure that all fire doors are able to close in the event of a fire alarm being activated.<br><br>Ref: 2.0 and 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>Staff have been advised not to wedge doors open |

| | |
|---|---|
| **Area for improvement 3**<br><br>**Ref:** Standard 46.11<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>28 January 2026 | The registered person shall ensure that hand hygiene is a priority with the home. With specific reference to ensuring that staff are bare below the elbow and wear appropriate PPE in accordance with the task being completed.<br><br>Ref: 2.0 and 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>Supervision has taken place with all staff in relation to hand hygiene |
| **Area for improvement 4**<br><br>**Ref:** Standard 47.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>28 January 2026 | The registered person shall ensure that lap belts are utilised when transporting patients in wheelchairs, in accordance with the patients' assessed needs.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Discuused with staff at staff meeting the importance of lapbelts being utilised when transporting residents . |
| **Area for improvement 5**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>28 January 2026 | The registered person shall ensure that head injury observation charts are accurately completed to reflect the date and time that the information is recorded.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Supervision with staff to enure the date and time is recorded on head injury observation charts |
| **Area for improvement 6**<br><br>**Ref:** Standard 37<br><br>**Stated:** First time<br><br>**To be completed by:**<br>28 January 2026 | The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>A new cabinet has been purchased which locks to ensure that records are securely stored |

| | |
|---|---|
| **Area for improvement 7**<br><br>**Ref:** Standard 44.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>28 January 2026 | The registered person shall ensure that low level dusting is maintained.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>Discussed with staff and measures put in place to ensure low level dusting is completed on a regular basis |
| **Area for improvement 8**<br><br>**Ref:** Standard 35<br><br>**Stated:** First time<br><br>**To be completed by:**<br>28 January 2026 | The registered person shall ensure that staff handbags and belongings are safely and securely stored.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>A cabinet which locks has been provided for the safe storage of staff personal items |

***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