

Inspection Report

Name of Service: Glenabbey Manor

Provider: Kathryn Homes Ltd

Date of Inspection: 15 & 16 July 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:	Kathryn Homes Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Miss Laura Lockhart, not registered
Service Profile: Glenabbey Manor is a residential care home registered to provide 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. Residents' bedrooms all have en suite facilities. Residents have access to communal lounges, dining rooms and an enclosed garden and patio area.	

2.0 Inspection summary

An unannounced inspection took place on 15 July 2026, from 9.25 am to 4.30 pm and on 16 July 2026 from 10.30 am to 2.30 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 18 & 19 August 2025 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.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider. New areas for improvement have been identified and 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 said that living in the home was "very good". Comments included, "I'm very well looked after", "the staff are very kind and compassionate" and "the staff do their best."

One relative spoken to said, "this is a lovely place, we could not ask for better."

Staff told us that they enjoyed working in Glenabbey Manor, one staff member said, "the staffing levels are brilliant, this is a good staff team."

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 systems in place to manage staffing.

Discussion with staff on duty confirmed that before commencing work in the home, they had an induction. However, a review of records evidenced that inductions for staff were not fully completed or robust and, in some cases, signed off in one day. In addition to this, discussion with the manager evidenced that, although she had worked in the home in various roles for a number of years, the induction to her present post had been signed off in one day. An area for improvement was identified.

Systems were in place for staff supervision and appraisal, however, a number of staff had not received their annual appraisal. An area for improvement was identified.

A review of staff training indicated some staff had not attended fire evacuation drill training within the required timeframe, an area for improvement was identified.

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.

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

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.

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.

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 staff 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 through to full assistance from staff and their diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious. However, staff appeared to be unaware of one of the meals choices served, in addition to this there was limited staff interaction with residents. The mealtime experience in one unit appeared task orientated, which was not conducive to residents having a calm and pleasurable experience. This was discussed with the manager and area for improvement regarding a review of the mealtime experience was identified.

An activity schedule was in place. Staff understood that meaningful activity was not isolated to the planned social events or games. Residents participated in resident's meetings, which provided an opportunity for them to comment on all aspects of the running of the home. For example, planning activities and menu choices.

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, 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 around the home were found to be torn and in need of replacing, evidence was provided on the day of the inspection that these chairs had been ordered. This will be reviewed at a future inspection.

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 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.

The medication trolley in one unit was found to be unattended, this was brought to the staff attention and was immediately secured. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Laura Lockhart has been the manager in this home since 6 April 2026. The manager has confirmed her intention to register with RQIA.

Staff commented positively about the manager and described her 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 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	1	4

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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: 16 July 2026	The registered person shall ensure that the medicine trolleys are not left unattended at any time. Ref: 3.3.4 Response by registered person detailing the actions taken: Ongoing spot checks are in place to ensure that medication trolleys are not left unattended and are secured in the locked treatment room whenever staff are unable to remain with them. These checks are undertaken during daily walk-arounds, as well as at various times throughout medication administration periods, to ensure that relevant policies and procedures are consistently followed. The Regional Staff Nurse has completed the relevant training courses to reinforce company policies and procedures. The matter has also been managed appropriately and effectively by the Human Resources team, with the necessary actions taken to address the concerns identified.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that all staff receive a structured induction. Records must be maintained to evidence full completion and managerial oversight of the induction process. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff are aware that each section of the induction record must be signed off at the time each aspect of the role is explained, discussed, and confirmed as understood by the new staff member. Staff have been reminded of this requirement and instructed that induction records must be completed accurately and factually, with the specific date recorded for each element of the induction process and no gaps in the documentation. To provide additional oversight, all induction packs will be reviewed and signed off by the Home Manager throughout the induction period and will continue to be monitored until the staff member has successfully completed their probationary period.
Area for improvement 2 Ref: Standard 24.5 Stated: First time To be completed by: 31 July 2026	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. Ref: 3.3.1
	Response by registered person detailing the actions taken: As the recently appointed Manager, following the inspection, all staff whose supervision and performance reviews were overdue have now been completed and brought up to date. A staff supervision and performance tracker is now in place to ensure that reviews are completed within the required timescales and that no staff member is overlooked. This will support consistent monitoring and ensure that every member of staff within the home has the opportunity to participate in regular supervision, discuss their development needs, and receive appropriate support to achieve their personal and professional development goals.

Area for improvement 3 Ref: Standard 29.6 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year. Ref: 3.3.1 Response by registered person detailing the actions taken: An in-house trainer is now in place to deliver Fire Awareness training to staff. As part of this training, staff also participate in a fire evacuation drill to ensure they understand the procedures to follow in the event of an emergency and are confident in carrying out their responsibilities safely. A fire training and evacuation drill tracker is now in place to monitor staff participation and completion. This will ensure that all staff complete a fire evacuation drill twice per year, in accordance with the home's policy and procedures. The tracker will also provide clear oversight and evidence of compliance, enabling any outstanding training or drills to be identified and addressed promptly.
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: 31 July 2026	The registered person shall review the dining experience to ensure that the residents are provided with a positive meal time experience and that staff are knowledgeable of the meals that are being served. Ref: 3.3.2 Response by registered person detailing the actions taken: Mealtime assessments and audits have been completed by the home manager and deputy since the inspection with the focus on positive meal time experience, with CTLs actively participating and supporting all staff to demonstrate and reinforce the expectations of a positive mealtime experience for residents. Safety pause folders remain in use during meal service and are updated when changes occur. Kitchen staff are aware to ensure that all modified meals are clearly labelled with a description of the required modification and the appropriate meal consistency level. This supports safe and person-centred meal provision while ensuring staff are aware of each resident's individual dietary requirements.

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