The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Granard**

Provider: **Easteden Ltd**

Date of Inspection: **22 September 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:	Easteden Ltd
Responsible Individual:	Dr Una McDonald
Registered Manager:	Ms Mai Devlin

Service Profile
This home is a registered residential care home which provides health and social care for up to 26 residents with a range of health care needs. Accommodation is provided over two floors and residents have access to communal and dining areas as well as an outdoor area.

2.0 Inspection summary

An unannounced inspection took place on 22 September 2026 from 9.45am to 3.30pm, 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 home was found to be clean and well maintained. Bedrooms were meaningfully personalised with items important to each resident.

Residents reported that there was a good standard of care provided in the home and there was enough staff on duty. Residents also praised the meal provision.

Staff reported that there was good teamwork in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents.

As a result of this inspection one area for improvement from the last inspection will be carried forward for review to the next inspection. One new area for improvement was identified. Full details 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 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 spoke positively about living in Granard. Residents advised that they can make their own decisions and choices and there was good support offered from staff. Comments made included: "This is a lovely place in every sense of the word; we all look out for each other," "I am very happy here, I get my paper every day. I feel very safe and I could approach any of the staff," and "The staff are good to me; they are doing their best."

Discussion with the staff on duty confirmed that there was good team work and staff morale. Staff advised that they were supported in their roles by the manager who was very approachable and proactive. Staff reported that there was a good standard of care provided in this home.

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 that they felt well supported in their role and that they were satisfied with the staffing levels.

Observations during the inspectionconfirmed 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; residents were supported to attend day care or their place of work. Residents were able to choose if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

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. It was noted that staff were prompt in recognising any changes to residents' health.

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. Observations of the staff interactions with residents identified that staff were 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 schedule was on display in communal areas offering a range of individual and group activities such as arts and crafts, gardening, baking, armchair exercises, afternoon tea and reminiscence. Residents were aware of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

A number of the residents were being supported by staff to avail of a short holiday on the following day. The residents were looking forward to this and the staff were supporting residents in the preparations.

During the inspection some residents were engaged in arts in crafts. There was a relaxed atmosphere during the activity and staff were readily available to assist and support in the planned activity. Light music was playing in the background and residents were able to choose their level of engagement. The activity therapist was found to be encouraging and patient in maintaining resident participation.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities. Residents commented that there was always something to do.

Arrangements were in place to meet patients' 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. Residents' bedrooms were tastefully personalised with items important to the resident. It was noted that recent redecoration had taken place; this was completed to a good standard.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

While there were systems and processes in place to manage infection prevention and control it was noted that there was widespread use of vinyl gloves. This was identified as an area for improvement.

Staff were observed to adhere to correct handwashing and Personal Protective Equipment (PPE) was worn appropriately.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Mai Devlin is the registered 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.

Records of compliments were retained in the home. One example retained was "(Relative) spoke positively on the support from staff noting how helpful and welcoming they have been during their visits."

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	2*

* the total number of areas for improvement includes one area which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mai Devlin, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 34 **Stated:** First time **To be completed by:** 5 March 2026	The registered person shall ensure inhaler spacer devices are cleaned and replaced in line with current best practice and the manufacturer's recommendations. Ref: 3.3.3
	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.
Area for improvement 2 **Ref:** Standard 35.1 **Stated:** First time **To be completed by:** 23 September 2026 (As from the date of this inspection)	The registered person shall ensure that the practice of using vinyl gloves ceases with immediate effect. Ref: 3.3.4
	Response by registered person detailing the actions taken:

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

The Regulation and Quality Improvement Authority

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