

# Inspection Report

6 October 2021



## The Graan Abbey

Type of service: Residential Care Home  
Address: Derrygonnelly Road, Enniskillen,  
BT74 5PB  
Telephone number: 028 6632 7000

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Carewell Homes Ltd	<b>Registered Manager:</b> Mrs. Heather Lyttle
<b>Responsible Individual:</b> Mrs Carol Kelly	<b>Date registered:</b> 21 October 2019
<b>Person in charge at the time of inspection:</b> Mrs Noreen Roache, senior care assistant then joined at 11am by Mrs Pamela Fee, acting manager and Mrs Carl Kelly	<b>Number of registered places:</b> 27
<b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 11
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Home which provides social care for up to 27 residents. The registered manager has managerial responsibility and oversight for both this home and a registered nursing home which is situated on the same site.	

## 2.0 Inspection summary

An unannounced inspection was conducted on 6 October 2021, from 9.50am to 2.20pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy, well ventilated and free from malodour.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Residents were seen to be well cared for. There was clear evidence of attention to personal care and dressing and assistance with meals and fluids where seen to be attended to by staff in a prompt and compassionate manner.

One area of improvement was identified in respect of reviewing staffing levels.

Feedback from residents confirmed that they were satisfied with the care and service provided for in The Graan Abbey.

RQIA were satisfied that the delivery of care provided for in Longfield Care Home was safe, effective, compassionate and well-led.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Residents told us that felt safe and that they were satisfied with the care delivery in the home. They described staff as "very kind and caring" and said that there was enough staff available and that they get help and assistance when they need it. One resident made the following comment; "It's very good here. I sleep well and feel very safe. The staff are very kind and there is a nice atmosphere." Observation during the inspection indicated that residents' needs were met.

Staff spoke positively about the provision of care, the teamwork, provision of training and managerial support.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to The Graan Abbey was undertaken on 25 May 2021 by a pharmacy inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing levels begin at the point of recruitment. A sample of a staff member's recruitment file was reviewed. This was found to be in accordance with Schedule 2, 1-7 of The Residential Care Homes Regulations (Northern Ireland) 2005.

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs.

Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff spoke positively about the provision of training and said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period.

The senior care assistant in charge confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of residents in the home. However it was noted that there was a deficit of one care assistant three days a week in the rota. An area of improvement was made for the staffing levels to be reviewed accordingly to take account of the numbers and dependencies of residents and the size and layout of the home and fire safety requirements.

Residents told us that they were satisfied with the delivery of care and the kindness and support received from staff. Two residents made the following comments; "It's a great place here. Good company, good staff and good food." and "I am treated the best here. A hotel wouldn't be better. I come and go as I please and the staff are all great."

Staff said that the management were very supportive.

Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly and ensuring resident privacy during personal interventions. Residents were offered choices throughout the day, for example, from where and how they wished to spend their time and with nutrition.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff on duty were knowledgeable of residents' needs, their daily routines, their likes and dislikes and social interests.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering personal care with statements such as: "Can I help you with..." or "Would you like to..." and knocking of bedroom doors to seek permission on entry.

Residents' needs were assessed 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. These include any advice or directions by other healthcare professionals.

Residents' care records were held confidentially.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, measures such as alarm mats were in use, where deemed necessary. Resident areas were free from clutter, and staff were seen to support or supervise residents with limited mobility. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a resident falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy team or the Health & Social Care Trust's falls prevention team. Following a fall, relevant persons such as the resident's next of kin, their aligned named worker and where appropriate RQIA, were informed. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

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.

There was a choice of meals offered; the food was attractively presented and portions were generous. There was also a variety of drinks available. This resulted in the dinnertime meal being a pleasant and unhurried experience for the residents. One resident made the following comment; "This is a lovely place. Everything is very good. Very well run and very kind, dedicated staff."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what residents had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control (IPC)**

Observation of the home's environment evidenced that it was well maintained. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

Fire exits and corridors were observed to be clear of clutter and obstruction.

The home's most recent fire safety risk assessment was dated 21 January 2021. Corresponding evidence was recorded of actions taken in response to the seven recommendations from this assessment.

Fire safety training and fire safety drills were maintained on a regular and up-to-date basis, as were the routine fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

### **5.2.4 Quality of Life for Residents**

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home. Daily newspapers were available for which several residents enjoyed reading.

Staff said that they enjoyed participating in activities with the residents, such as going for walks or discussing events and items in the news. Activities were delivered to residents in a person centred manner, either individually or small groups. A planned programme of activities was in place with residents enjoying armchair exercises in the morning and in the afternoon a quiz.

### **5.2.5 Management and Governance Arrangements**

Mrs Pamela Fee has been delegated acting manager responsibilities during the manager's absence.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

Monthly monitoring visits were carried out by the responsible individual and these reports were subsequently produced.

A system of quality assurance audits was in place to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the deputy manager confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis; this monthly analysis was used by the manager to identify any learning for staff.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

## **6.0 Conclusion**

Residents were seen to be well cared for and staff interactions with residents were polite and caring. Staff were also observed to be attentive to residents' care needs and maintained their dignity in a compassionate manner.

One new area of improvement was identified and is outlined within the Quality Improvement Plan in Section 7.0.



## 7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **the Residential Care Homes' Minimum Standards (August 2011)**.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The one area of 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 Minimum Standards (August 2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.1  <b>Stated:</b> First time  <b>To be completed by:</b> 13 October 2021	The registered person shall review the staffing levels so that these take account of the numbers and dependencies of residents and the size and layout of the home and fire safety requirements.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Staffing levels have been reviewed and take account of the number of residents and the assessed dependency levels, taking into account fire safety requirements. Relief staffing and agency lists are up to date so the person in charge knows who to contact in the event of a planned or unplanned staffing deficit.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care