



Unannounced Care Inspection Report 20 October 2020



The Graan Abbey

Type of Service: Residential Care Home
Address: Derrygonnelly Road, Enniskillen, BT74 5PB
Tel No: 028 6632 7000
Inspector: John McAuley

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 27 residents. The home shares the same site with a registered nursing home.

3.0 Service details

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Carol Kelly	Registered Manager and date registered: Heather Lyttle - 21 October 2019
Person in charge at the time of inspection: Heather Lyttle	Number of registered places: 27
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment	Number of residents accommodated in the residential home on the day of this inspection: 15 plus one resident in hospital

4.0 Inspection summary

An unannounced inspection took place on 20 October 2020 from 09.30 to 13.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- safeguarding
- environment
- infection prevention and control (IPC)
- care delivery
- care records
- fire safety
- governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Heather Lyttle, manager, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 13 residents and four staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. The inspector provided the manager with 'Tell us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection: duty rotas, staff competency and capability assessments, IPC records and audits, residents' care records, fire safety risk assessment and fire safety records, quality assurance records, accident and incident records, complaints records and Regulation 29 reports.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 6 November 2019.

There were no areas for improvement identified as a result of this inspection.

6.2 Inspection findings

6.2.1 Staffing

The duty rota accurately reflected all of the staff working within the home. A competency and capability assessment was in place for any member of staff who has the responsibility of being in charge of the home in the absence of the manager. Inspection of these assessments found these to be appropriately maintained and reviewed with the staff member on an annual basis, which added to the assurances with this.

Staff spoke positively about their roles and duties, staffing, training, managerial support, teamwork and morale. Staff stated that residents received a good standard of care and were treated with respect and dignity.

Care duties were attended to in an unhurried organised manner with evidence of good team working and support amongst staff members. Staff described the team of staff and residents as being like one large family and this was conducive on how they carried out their roles. Staff also had good knowledge and understanding of residents' needs and preferences.

6.2.2 Safeguarding residents from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.3 Environment

The home was clean and tidy throughout with a good standard of décor and furnishings. Residents' bedrooms were comfortable and tastefully furnished. Communal areas were spacious, comfortable and nicely furnished. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

6.2.5 Care delivery

Residents looked well cared for. They were well groomed and nicely dressed with attention to detail. It was also obvious that staff knew the residents well. They spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was calm, relaxed and friendly. Residents were chatty and engaged. Residents who were less well able to communicate were seen to be content in their surroundings. Residents spoke positively about life in the home, the staff and the food.

Some comments made by residents included:

- “It’s a home from home here. Everything is very good. I like it here and the food is good too. Plenty of tea.”
- “No problems at all. They are all very good and kind.”
- “I don’t know how anyone could complain about anything here. It’s all very good and they look after me well.”
- This is a great place. I am glad to be here. You wouldn’t find any faults here, at least I can’t.”
- “It’s lovely here. I like it here very much. I have no grumbles at all.”
- “The food is always really good. Always plenty of it and good choice.”

Staff reported that they recognised the importance of maintaining good communication with families during the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well. Visiting arrangements were in place on a planned basis.

A planned programme of activities was in place which included armchair exercises. Residents who partook in this were in enjoyment and fulfilment from same.

A menu was on display and there were two options of main course available. Residents were offered a selection of drinks and condiments were on the tables. The food on offer was served from a heated trolley, was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary. The mealtime was relaxed and unhurried.

6.2.6 Care records

An inspection of three residents’ care records found these to be well maintained in accordance with legislation and standards.

Care plans and associated risk assessments were completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.7 Fire safety

There were no recommendations made from the home's most recent fire safety risk assessment, dated 28 January 2020. Fire safety training and safety drills were being maintained on a regular and up-to-date basis as was the fire safety checks in the environment.

6.2.8 Governance and management arrangements

There is a clear management structure within the home and the manager and the responsible individual were available during the inspection process. Discussion with the manager evidenced that she felt well supported in her role. The manager confirmed that she undertakes a daily walk around the home so that she is appraised with everything. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable.

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, environment, hand hygiene and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports was undertaken from 1 April 2020 to date of inspection. These reports evidenced that they were managed well and reported appropriately to the relevant stakeholders.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of the visits dated 18 August 2020 and 24 September 2020 were inspected. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

There were areas of good practice identified with staffing, activity provision, care delivery and feedback from residents and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Residents were seen to be well cared for in a kind, caring manner with staff having good knowledge an understanding of their needs and preferences. The environment was comfortable and clean and tidy. Regulatory documentation including care records were well maintained and there were good systems of quality assurance and audit.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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