

Inspection Report

21 November 2023



The Graan Abbey

Type of service: Nursing
Address: Derrygonnelly Road, Enniskillen, BT74 5PB
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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

Organisation/Registered Provider: Carewell Homes Ltd	Registered Manager: Mrs. Heather Lyttle
Responsible Individual: Mrs. Carol Kelly	Date registered: 21 October 2019
Person in charge at the time of inspection: Mrs. Mary McCabe, Senior Care Assistant	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 care home on the day of this inspection: 17
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 27 residents. The home is over two floors. There is also a Nursing Home which occupies the first and second floors and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2023, from 9.40am to 2pm. This inspection was conducted 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.

It was evident that staff promoted the dignity and well-being of residents. Residents said that living in the home was a good experience.

Two areas requiring improvement were identified during this inspection. These were in relation to an identified radiator / hot surface and notification of events to RQIA.

RQIA were assured that the delivery of care and service provided in The Graan Abbey was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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.

The findings of the inspection were discussed with Mrs. Mary McCabe at the conclusion of the inspection.

4.0 What people told us about the service

Residents said that they felt happy with their life in the home, relationship with staff, the provision of meals and activities. One resident said; "It's a really good place. It's nice and clean and tidy and the staff are very good."

One visiting relative said they were very pleased with the care provided for and the kindness and support of the staff. This relative described the care as "exceptionally good."

Staff spoke in positive terms about the provision of care, staffing levels, teamwork, training and managerial support.

Five returned questionnaires were all positive in their comments about the quality of life in the home and staffing.

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 31 May 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke positively on the provision of training. Mandatory training for staff was maintained on an up-to-date basis. Advice was given to updating staff on diabetes training, given the number of residents in need of this care.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Any member of staff who has the responsibility of being in charge of the home, in the absence of the Manager has a competency and capability assessment in place for this responsibility. These assessments are reviewed on an annual basis. This is good practice.

All care staff are registered with the Northern Ireland Social Care Council (NISCC), as appropriate. Checks are maintained on a monthly basis of these registrations.

It was noted 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. It was also observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Two residents said; "I'd recommend this place to anyone. I have no complaints." and "The staff are all lovely. Very kind."

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and described the home's management as being very approachable and supportive.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. Expressions of consent were evident with statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to patients’ needs.

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.

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; and included any advice or recommendations made by other healthcare professionals.

Care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining room was nicely appointed and tables were suitably set. The lunch time meal was appetising and wholesome. One resident said; “The food is very good. Plenty of it.”

Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia. Discussions with staff confirmed knowledge and understanding for residents with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bedrails and/or alarm mats. It was established that safe systems were in place to manage this aspect of care and care planned for.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held safely and confidentially.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Residents' bedrooms were comfortable, suitably facilitated and nicely personalised. Communal areas were nicely decorated and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were suitably maintained with good accessibility for patients to avail of.

Cleaning chemicals were stored safely and securely.

A radiator was adjacent to an identified resident's bed. This needs to be risk assessed in accordance with current safety guidance with appropriate subsequent action. An area of improvement was made in this regard. Good work had been put in place in providing radiator covers in all other parts of the home, including residents' bedrooms.

The home's most recent fire safety risk assessment had evidence to confirm that the recommendations made from this assessment had been addressed.

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

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

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

Observations of care practices confirmed that residents were able to choose how they spent their day. It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options. One resident said; "I can't see anything wrong with here. The staff are very good. The food is very good and anything you need; you just have to ask."

The genre of music and television channels was in keeping with residents' age group and tastes.

A planned programme of activities was in place for which those residents which gave residents enjoyment and fulfilment.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs. Heather Lyttle has been the Manager in this home since 21 October 2009. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

Accidents and incidents were notified, if required, to residents' next of kin, aligned named worker and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and in large reported to the relevant stakeholders, other than there were a number of incidents where emergency medical assistance was sought and RQIA were not duly reported. An area of improvement has been made in this regard.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

There was a good system of audits and quality assurance in place. These audits included; environmental, infection prevention and control and care records.

The home was visited each month by a representative on the behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were detailed with corresponding action plans in place to address any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Mary McCabe, Senior Care Assistant, 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 30(1) (c) Stated: First time To be completed by: 22 November 2023	The registered person shall ensure that RQIA are notified of any event requiring emergency medical assistance. Ref: 5.2.5 Response by registered person detailing the actions taken: Notifications will be completed for all events requiring emergency medical assistance
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 28.5 Stated: First time To be completed by: 28 November 2023	The registered person needs to be risk assessed in accordance with current safety guidance with appropriate subsequent action, the radiator adjacent the identified resident's bed. Ref: 5.2.3 Response by registered person detailing the actions taken: Risk assessment completed and guard in place

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