

Inspection Report

Name of Service:	The Graan Abbey
Provider:	Carewell Homes Ltd
Date of Inspection:	25 February 2025

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
Responsible Person:	Mrs Carol Kelly
Registered Manager:	Mrs Heather Lyttle
Service Profile <p>This home is a registered residential care home which provides health and social care for up to 27 residents with frail elderly needs, physical disablement and mental health needs.. Accommodation is provided over two floors and all residents are accommodated in single bedrooms. Residents have access to communal areas and outdoor space.</p> <p>There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 February 2025, from 9.40 am to 2.50 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 22 November 2023.

The home was found to be clean, well maintained and no malodours were identified. Bedrooms were personalised to reflect the residents' interests and choice.

Residents stated that they were well looked after in the home and advised that the staff were kind to them. Refer to Section 3.2 for more details.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified.

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.

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 their experience of life in the home. Comments included: "You just have to ring the bell and the staff are there. They (the staff) are always alert to my risk of falls," "The food is too good," and "It is very good here. No problems at all."

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents commented positively on the meal and activity provision in the home.

One relative spoken with advised that they were happy with all aspects of care in the home.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that management was supportive and available for advice and guidance. Staff reported that there was a good staff morale in the home which facilitated good communication.

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 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. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions during activities found staff to be reassuring and compassionate. 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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

The risk of falling was 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. The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and there was evidence displayed in the communal lounge areas of artwork and crafts undertaken.

The importance of engaging with residents was well understood by staff. An activity schedule was on display in communal areas offering a range of individual and group activities such as arts and crafts, armchair exercise and table tennis. Residents were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

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.

Arrangements were also in place to meet residents' 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.

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, delivery and review of their own care.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings. Communal areas were well decorated, suitably furnished and homely.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

Review of records and discussion with 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. For example, fire safety checks, radiators / hot surfaces, window restrictors and wardrobes.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Heather Lyttle has been the manager of this home since 21 October 2019.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

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 management team 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

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



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