

Inspection Report

31 May 2022



The Graan Abbey

Type of service: Nursing
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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

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Mrs Carol Kelly	Registered Manager: Mrs Heather Lyttle Date registered: 21 October 2019
Person in charge at the time of inspection: Mrs Pamela Fee, Deputy Manager	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: 13
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. Accommodation is over two floors with shared communal areas on the ground floor. There is a Nursing Home which occupies the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

This unannounced inspection was conducted on 31 May 2022 from 9.25am to 2.30pm by a care inspector.

The inspection assessed the progress with the one area of improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Staff promoted the dignity and well-being of residents with kind, caring interactions. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

No areas of improvement were identified at this inspection.

Feedback from residents was all positive in respect of their life in the home and their relationship with staff. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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.

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 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 Carol Kelly, Responsible Individual and Mrs Pamela Fee, Deputy Manager at the conclusion of the inspection

4.0 What people told us about the service

During this inspection all 13 residents were met with. All confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and social activities. One resident made the following statement; "I can honestly say it is like a hotel. A 100%. I feel very safe, knowing the staff are readily available, day and night and the meals are super."

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale 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?

Areas for improvement from the last inspection on 6 October 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of staffing levels has taken place with additional care assistant hours put in place over the seven day period.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training needs were met by all staff on a regular and up-to-date basis.

Staff spoke positively about the provision of training and said that they felt training needs were being met and also identified at supervision and appraisal.

Staff said there was good team work and that they felt supported in their role. One staff member said "I love coming to work here. It is a lovely place. Carol (responsible individual) is a real lady."

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of a sample of a staff member's assessment found these to be comprehensive in detail to account for the responsibilities of this role.

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. For example with the provision of meals and dietary needs and social care needs. One resident made the following comment; "It's grand here. Never any complaints and the staff are excellent."

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Resident 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.

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 seen to engage with residents' consent with statements such as "Would you like to..." and "Can I help you with..." when delivering personal care.

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

The dinner time meal was presented nicely and was appetising and nutritional. There was a good provision of choice. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

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

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. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

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

The home was and tidy with a good standard of décor and furnishings. Many of the residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained with good accessibility for residents to avail of.

Cleaning chemicals were maintained safely and securely.

The home's most recent fire safety risk assessment was dated 15 March 2022. Confirmation was received following this inspection detailing that the four recommendations from this assessment had been addressed. Fire safety training, safety drills and safety checks in the environment were being maintained on an up-to-date basis.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

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 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.

5.2.4 Quality of Life for Residents

Residents were seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a nice atmosphere and ambience with residents enjoying the company of one another and staff, relaxing and watching television. There was good activity provision for those residents who wished to participate in, with armchair exercises and crafts. Several residents talked about a visiting entertainer that was in the day before and spoke with delight and humour about this.

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

Two residents made the following comments; "It couldn't be any better. The staff are all lovely and kind." and "I am very happy in every way. It's a great home."

5.2.5 Management and Governance Arrangements

Mrs. Heather Lyttle has been is the registered manager of the home since 21 October 2019. Staff spoke positively about the manager, saying that they was readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen.

A comprehensive range of quality assurance audits were in place, including audits of care records, the environment, skin care, restrictive practices and infection prevention and control. These audits were well maintained.

A review of the record of accidents and incidents found these to be appropriately recorded and reported to all relevant stakeholders. The manager carries out a monthly audit of all accidents and incidents to establish if there are any patterns of trends and need for corresponding actions.

The home is visited each month by a representative of the registered provider. A report is then published of these visits for relevant parties to examine. A review of the last three monthly monitoring visit reports found these to be well maintained with corresponding action plans put in place to address any issues identified.

Records of complaint were recorded appropriately.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Carol Kelly, Responsible Individual and Mrs. Pamela Fee, Deputy Manager, as part of the inspection process and can be found in the main body of the report.



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