

# Unannounced Nursing Home Care Inspection Report 23 May 2016



## The Graan Abbey

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**Tel No: 0286 6327 0000**  
**Inspector: Bridget Dougan**

## 1.0 Summary

An unannounced inspection of The Graan Abbey took place on 23 May 2016 from 10.15 to 17.15.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

There was evidence of competent and safe delivery of care. Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility. There was evidence of a structured orientation and induction for newly appointed staff and competency and capability assessments for registered nurses.

Feedback provided by staff, patients and/or their representatives was generally very positive. One patient expressed some dissatisfaction with the current staffing levels. This was discussed with the manager who agreed to follow up the issues.

Whilst there were systems in place for the safe recruitment and selection of staff, Access NI disclosure information for one member of staff had not been maintained in accordance with Access NI guidance. A recommendation was made.

### **Is care effective?**

There was evidence of positive outcomes for patients. Care records evidenced that registered nurses assessed, planned, evaluated and reviewed patients' care in accordance with professional guidelines. The care planning process included input from patients and/or their representatives, as appropriate.

Staff stated that there was effective teamwork in the home; each staff member knew their role, function and responsibilities. Staff meetings were held on a regular basis (at least quarterly) and records were maintained.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

There were no requirements or recommendations made.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely.

The majority of patients' were observed to be well groomed. However, the personal care needs of two patients had not been adequately met in relation to nail care. A recommendation has been made.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices, and the level of help and support requested.

Discussions with staff, relatives and patients and a review sample of compliment cards evidenced that staff cared for the patients and their representatives in a kind, caring and thoughtful manner.

### Is the service well led?

There was a clear organisational structure within the home and evidence that the home was operating within its registered categories of care. A manager was appointed in December 2015 and a clinical governance lead was appointed in January 2016.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence of an audit schedule and that a range of audits had been completed on a monthly basis, for example audits of accident/incidents, care records, wound care and catering. The results of these audits had been analysed and appropriate actions taken to address any shortfalls identified.

Monthly monitoring visits in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required. An action plan was generated to address any areas for improvement and reviewed on subsequent monitoring.

There were no requirements or recommendations made.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the QIP within this report were discussed with Pamela Fee, manager and Wendy Shannon, clinical governance lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 01 March 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Carol Kelly	<b>Registered manager:</b> Pamela Fee
<b>Person in charge of the home at the time of inspection:</b> Pamela Fee	<b>Date manager registered:</b> Pamela Fee – application not yet submitted
<b>Categories of care:</b>  RC-DE, RC-A, NH-PH, NH-MP, NH-MP(E), NH-LD, NH-I, RC-I, RC-PH, NH-DE, RC-MP, RC-MP(E)	<b>Number of registered places:</b>  86

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection we met with thirty patients, three patient representatives, three registered nurses, six care staff, two catering and one domestic staff and two visiting professionals.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. Two patients' representatives were spoken with during this inspection.

Six patients, eleven staff, and eight relatives' questionnaires were left for distribution.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training planner for 2016/17

- two staff personnel records
- accident and incident records
- notifiable events records
- falls and care records audits
- complaints and compliments records
- NMC and NISCC registration records
- staff induction records
- nurse competency and capability assessments
- minutes of staff meetings

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 01/03/2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered person/s, as recorded in the QIP will be validated at the next medicines management inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 12/01/2016

There were no requirements or recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing, 9th, 16th and 23<sup>rd</sup> May 2016 evidenced that the planned staffing levels were adhered to.

All staff, patients' representatives and the majority of patients felt there was enough staff to meet the needs of the patients. One patient expressed some concerns regarding staffing levels. This was discussed with the manager following the inspection who agreed to follow up the issues identified.

Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner.

Discussion with the manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Two staff personnel files were viewed and we were able to evidence that all the relevant checks had been completed for one member of staff. We were unable to evidence that enhanced

disclosure information had been obtained from Access NI for one member of staff. This was discussed with the manager who explained that this information was held in another home within the group. Online checks were conducted during the inspection and assurances were provided that satisfactory disclosure information had been obtained. A recommendation has been made with regard to the management of Access NI information.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. There was also evidence that mandatory training had been completed by all staff in 2015. Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

There was evidence of competency and capability assessments completed for registered nurses. The manager also had a planner for staff supervision and appraisals.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Discussion with the manager confirmed that a range of audits was conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified.

A review of the accident and incident records confirmed that Trust care management, patients' representatives and RQIA were notified appropriately.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

## Areas for improvement

Details of information obtained from an Access NI Disclosure application should be handled as per Access NI guidelines.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Review of five patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Discussion with staff and the manager confirmed that staff meetings were held on a regular basis (at least quarterly) and records were maintained.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the manager and review of records evidenced that patient and/or relatives meetings were held on a quarterly basis. Minutes were available.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

## Areas for improvement

No areas for improvement were identified during the inspection

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

The majority of patients' were observed to be well groomed. However, the personal care needs of two patients had not been adequately met in relation to nail care. These matters were discussed at feedback and it was agreed by management that this area of practice would be monitored. A recommendation has been made.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices, and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with commented positively in regards to the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the manager, staff, relatives and a review of the compliments records, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Six patients, one patient's representative and eleven staff completed questionnaires. Some comments are detailed below.

### Staff

- "where service users are unable to have a say their next of kin and care manager are involved"
- "I have worked here for 20 years and I love working here. It is a pleasant place to work"
- "There is plenty of training and support when you need it."
- "management are very approachable in regards to any issue"



## Patients

Comments received from patients were generally very positive. One patient expressed some concerns regarding staffing levels. These comments were discussed with the manager who agreed to follow them up. During discussion, patients told us that they were very happy living in the home and that the care was excellent.

## Patients' representatives

The following comments were received from patients' representatives:

- "we are very happy with the everything"
- "we have no complaints, everything is very good"
- "we are made to feel very welcome when we visit"

## Areas for improvement

It is recommended that patients personal care needs are regularly assessed and met to include (but is not limited to) grooming needs. Records should be completed to evidence care delivered or not delivered.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and that the management were responsive to any concerns raised.

The manager has been in post since December 2015. Application had not yet been made for registration. A clinical governance lead was appointed in January 2016.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints record and discussion with the manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, including care records, accidents/incidents, wound care, complaints, catering and laundry. Infection

prevention and control audits were completed every two months and other audits were completed quarterly.

The results of the above audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any areas for improvement.

A discussion with the manager and the clinical governance lead and a review of records confirmed there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Pamela Fee, manager, and Wendy Shannon, clinical governance lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 6.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2016</p>	<p>The registered person should ensure that patients personal care needs are regularly assessed and met to include (but is not limited to) grooming needs. Records should be completed to evidence care delivered or not delivered.</p> <p><b>Ref: Section 4.5</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Actioned. Patients personal care needs are regularly assessed and met. Records are completed to evidence all care. Manager will continue to monitor.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2016</p>	<p>The registered person should ensure that details of information obtained from Access NI Disclosure applications should be handled as per Access NI guidelines.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Actioned. The inventory of the personnel files has been updated to include the Access NI information required as per Access NI guidelines.</p>

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



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