

# Inspection Report

23 August 2023



## The Graan Abbey

Type of service: Nursing Home  
Address: Derrygonnelly Road, Enniskillen, BT74 5PB  
Telephone number: 028 6632 7000

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Carewell Homes Ltd  <b>Responsible Individual:</b> Mrs Carol Kelly	<b>Registered Manager:</b> Mrs Heather Lyttle  <b>Date registered:</b> 21 October 2019
<b>Person in charge at the time of inspection:</b> Mrs Heather Lyttle	<b>Number of registered places:</b> 62  A maximum of 32 patients in category NH-I and NH-PH, a maximum of 20 patients in category NH-DE and a maximum of 10 patients in category NH-MP/MP(E).
<b>Categories of care:</b> Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 51
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Nursing Home which provides nursing care for up to 62 patients. The home is divided in two units over three floors. Primrose Suite on the second floor provides care for people with dementia. Patients have access to communal lounges, dining rooms and outdoor spaces.  There is a Residential Care Home within a separate area of the home and the registered manager for this home manages both services.	

## **2.0 Inspection summary**

An unannounced inspection took place on 23 August 2023 from 9.35 am until 5.55 pm. The inspection was carried out by a care inspector.

The purpose of the inspection was to assess progress with all areas for 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.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

## **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.

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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires were provided to give patients 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Getting well looked after", "Staff are brilliant; all of them from every grade", "Very happy here", "Very good care in this home" and "It's great here". There were no questionnaires received from patients or relatives following the inspection.

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "The manager is amazing", "Plenty of staff to cover", "Good staff morale", "I really love working here" and "Staffing levels have improved". One staff member said they can be short staffed on occasions but acknowledged that management were continuing to recruit staff. There was no response from the staff on-line survey.

Three relatives spoken with during the inspection commented positively about the care provided, communication, the manager and the staff. Comments included: "This home is absolutely first class", "They (staff) really do excel", "The staff are unbelievable here", "My (relative) is getting excellent care here" and "Happy overall".

Comments received during the inspection were shared with the manager.

#### 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 19 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (c)  <b>Stated:</b> First time	The registered person shall ensure staff are in receipt of training in; <ul style="list-style-type: none"> <li>• Dysphasia</li> <li>• Deprivation of Liberty Level 2</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that patients have a continuous supply of their prescribed medicines.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall review the management of medicines on admission to the home to ensure that written confirmation of the patient's current medication regimen is obtained on all occasions and medicines are administered as prescribed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 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. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Monthly checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of a sample of staff recruitment and induction records evidenced that not all relevant information was available during the inspection. Details were discussed with the manager and following the inspection, written assurances were provided confirming that all relevant information had been received.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Review of a sample of registered nurses' competency and capability assessments for taking charge of the home in the absence of the manager found that these had been completed.

A record of staff supervision and appraisals was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

### **5.2.2 Care Delivery and Record Keeping**

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patients care records evidenced that these were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them. It was observed that not all food was covered on transport. This was discussed with the manager who provided written confirmation of the action taken to address this.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT). Whilst systems were in place to ensure patients receive the correct diet as recommended by SALT; one patient was provided with an incorrect diet resulting in a choking episode requiring staff intervention. An area for improvement was identified.

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

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

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

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, neat and tidy and patient's bedrooms were found to be personalised with items of memorabilia and special interests. A discussion was held with the manager regarding

the outdoor smoking area to ensure it is kept tidy; all other outdoor spaces and gardens were well maintained with areas for patients to sit.

A number of environmental related issues were identified during the inspection requiring either repair, replacement or review. Details were discussed with the manager and following the inspection written confirmation was received that relevant action had been taken to address these issues.

It was observed that a communal shower room had a connecting internal door leading to a patient's bedroom. Management confirmed that this was being used by the patient as an en-suite and that all other patients in the unit had their own en-suite. This information was shared with the aligned estates inspector to review and follow up with management.

Review of the most recent fire risk assessment completed on 21 March 2023 evidenced that any actions required had been signed by the manager as completed. There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was in place to ensure that all staff attend at least one fire evacuation drill yearly.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Observation of the environment and staff practices evidenced that whilst most staff were compliant with infection prevention and control (IPC), one member of staff was not bare below the elbow and there was inappropriate storage of patient equipment within a number of en-suites. This was discussed with the manager who immediately had these issues addressed and agreed to monitor during her daily walk around to ensure sustained compliance.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

During the inspection patients were observed watching TV, resting or chatting to staff and were seen to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as: "The food is excellent" and "(The) food is tasty."

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

Review of accidents/incidents records confirmed that relevant persons were notified and a record maintained.



There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. The audits completed included an action plan, the person responsible for addressing the action and a time frame with a follow up to ensure that the necessary action had been taken.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	0

\* The total number of areas for improvement includes two regulations that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Heather Lyttle, Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 January 2023	The registered person shall ensure that patients have a continuous supply of their prescribed medicines.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 January 2023	The registered person shall review the management of medicines on admission to the home to ensure that written confirmation of the patient's current medication regimen is obtained on all occasions and medicines are administered as prescribed.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure effective oversight of the meal time delivery to ensure that patients receive the correct diet as recommended by SALT.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All staff have had supervision in relation to meal times safety pause with registered nurse ensuring safety pause is used to ensure patients receive correct diet as per SALT

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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