



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 3 February 2020



## The Graan Abbey

**Type of Service: Nursing Home**  
**Address: Derrygonnelly Road, Enniskillen, BT74 5PB**  
**Tel No: 028 66 327000**  
**Inspector: Michael Lavelle**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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 DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 61 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carewell Homes Ltd  <b>Responsible Individual(s):</b> Carol Kelly	<b>Registered Manager and date registered:</b> Heather Lyttle – 21 October 2019
<b>Person in charge at the time of inspection:</b> Heather Lyttle	<b>Number of registered places:</b> 61
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia. 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 50

### 4.0 Inspection summary

An unannounced care inspection took place on 3 February 2020 from 11.05 hours to 17.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last premises inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the home, maintaining patients' dignity and privacy, and quality improvement.

Areas for improvement were identified in relation to safe moving and handling, evaluation of wound care and planning and evaluation of activities.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them, visiting professionals and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Heather Lyttle, manager, Wendy Shannon, Quality and Governance Lead and Carol Kelly, responsible individual, 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 3 June 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 June 2019. No further actions were required to be taken following this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 13 January 2020
- a sample of incident and accident records
- falls policy
- three patients' care records
- supervision and appraisal planner
- personal emergency evacuation plan
- a sample of reports of visits by the registered provider.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the manager, Quality and Governance Lead and responsible individual at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
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 13 (1) (a) (b)  <b>Stated:</b> Second time	The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.  This area for improvement is made in reference to the following: <ul style="list-style-type: none"> <li>• post fall management</li> <li>• care planning.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated:</b> First time	The registered person shall ensure that the nursing home is conducted so as to make proper provision for the nursing and supervision of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of practice in the dementia unit and discussions with staff evidenced that patients are appropriately supervised within the home.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) (a) <b>Stated:</b> First time	The registered person shall ensure thickening agents are stored in a secure place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We saw that thickening agents were appropriately stored throughout the home.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11 <b>Stated:</b> Second time	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed the activity planner in the home reflected the choices of the patients. The activity planner was displayed in a suitable format. Contemporaneous records were retained which included the name of the person leading on activities and which patients took part. The provision of activities is discussed further in section 6.2.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Second time	The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We saw that pictorial menus were available throughout the home which accurately reflected the meals being served.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 40.2 <b>Stated:</b> First time	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff confirmed that many supervisions and appraisals have been completed to date, although some are still outstanding. Sufficient improvements have been made to ensure compliance with this area for improvement. We asked the manager to forward evidence that outstanding supervisions and appraisals have been completed at the end of February 2020 and March 2020.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 48.7 <b>Stated:</b> First time	The registered person shall ensure the personal emergency evacuation plans (PEEP's) are maintained in an up to date manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of record evidenced the personal emergency evacuation plans retained in the home accurately reflected the current occupancy.	

There were no areas for improvement identified as a result of the last pharmacy follow up inspection.

<b>Areas for improvement from the last variation to registration estates inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2)and (4) <b>Stated:</b> First time	The registered person shall complete the proposed accommodation conversion works in accordance with the Care Standards. A review of the fire risk assessment must be completed and incorporate suitable controls to meet the new room designation arrangement.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> From an estates inspectors perspective the variation works are compliant with care standards.	

## 6.2 Inspection findings

### Staffing levels

Discussion with 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. The manager also confirmed they had successfully recruited additional nursing and care staff since the last care inspection.

A review of the duty rota for week commencing 3 February 2020 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

We saw that there was sufficient staff on duty to meet the needs of patients. Patients and care staff we spoke with expressed no concerns regarding staffing levels in the home.

### Management of falls and wounds

We examined the management of patients who had experienced a fall. Review of one patient's records evidenced that their fall was managed in keeping with best practice guidance. Review of the falls policy in the home evidenced that it had been reviewed following the last care inspection and included actions to be taken for patients who are on blood thinning medication.

We reviewed wound care for an identified patient. There was evidence of multidisciplinary involvement in the management of the wounds along with effective assessment and treatment. We asked the manager to consider taking photos of wounds to evidence improvement or deterioration in keeping with best practice guidance. We found that the evaluation of wound care by nursing staff lacked sufficient detail; nursing staff should ensure that they record a meaningful evaluation of any wound care provided. An area for improvement was made.

Care records for a patient with multiple care needs had been developed to guide the staff in the delivery of daily care needs. Records of assessment of patient need and associated risk assessments were completed with some minor deficits identified. This was discussed with the manager for action, as required. We asked the manager to ensure that patients' care plans are personalised when being developed to guide staff on a daily basis. This will be reviewed at a future care inspection.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We commended the staff for the quality improvement initiative they were involved in with the speech and language team in the Western Health and Social Care Trust. The "my eating and drinking matters" programme aims to improve service users' safety and quality of care by introducing new processes for thickening drinks, a texture checking process and improvements in food presentation. We were pleased to hear that the home has been nominated for an award for their work in this project.



Observation of the delivery of care evidenced that elements of training received had not been embedded into practice. For example, deficits were identified in relation to safe moving and handling. One patient was observed being transported by staff in a chair without footplates. Discussion with staff confirmed this had happened on other occasions. This was discussed with the manager and an area for improvement was made.

## **The environment**

A review of the home's environment was undertaken and included observation of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. We saw that new curtains, chairs and bed linen had been purchased and was in use throughout the home. Staff confirmed there was an ongoing programme of replacing mattresses and new flooring is planned to replace some of the carpet in the home.

Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control (IPC) had been generally well maintained.

We saw that patients were served drinks in plastic tumblers. Observation of the dining areas confirmed that glassware was available. This was discussed with the manager and responsible individual during feedback who advised that new glassware had been purchased. It was agreed that patient choice, regarding glassware, be taken into consideration during mealtimes.

During review of the environment we observed some patients were unable use the nurse call bell system due to physical or cognitive impairment. This was discussed with the manager who agreed to audit all bedrooms to ensure that those patients who cannot use their nurse call bell independently are appropriately supervised by staff at all times.

## **Consultation**

During the inspection we spoke with seven patients, three visitors, two visiting professionals and five staff. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients said:

"The staff are nice and the food is very good."

"They are mad to get me out to walk. They are always encouraging."

"It's not so bad. I like the food. The staff are very helpful. I get encouraged to do activities but I don't bother. I like to read in the room."

"I come in here from time to time. The care they give me is exceptional. They look after my every need."

"I like it well enough. I would like to get out more. The activity girls would take me into town the odd time which is great."

"I'm happy enough. The nurses come in and check on me."

"I have been here a year and I love it. It's fantastic. You couldn't say a bad word about any of them. It's a home from home."

The visitors spoke positively in relation to the care provision in the home. They said:

"It is great to see how well our friend has improved. The care is marvellous."

"My relative has come on leaps and bounds since coming in here."

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we received one response within the timescale specified. The respondent was very satisfied with all aspects of care delivery.

The visiting professionals spoken with said:

“The staff are approachable and know the clients.”

“I have no issues at all.”

Comments from five staff spoken with during the inspection included:

“Staffing is good when we have a full complement of staff. The work can be challenging at times. The teamwork is brilliant, it is like a family here.”

“I really like it here.”

The staff “are very good here. I have no concerns regarding staffing and the management are approachable.”

### **Activities provision**

The staff we spoke with had a good knowledge and understanding of the need for social and leisure opportunities to support patients’ health and wellbeing. An activity planner was on display and patient’s spoken with said the enjoyed the activities in the home. We asked the manager to consider displaying an activity planner in both the lounges of the dementia unit. The staff we spoke to were enthusiastic regarding their role and had plans to develop a newsletter for the home along with developing seasonal related activities. We highlighted that patients’ activity records should evidence how patients are supported by staff to engage in activities and also include an evaluation of activities undertaken on a regular and consistent basis. An area for improvement was made.

### **Management arrangements**

There was evidence that the manager had effective oversight of the day to day running of the home. For example, a number of audits were completed to assure the quality of care and services. Areas audited included the environment/IPC, care records and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed, as required.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the registered provider.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### **Areas of good practice**

Areas of good practice were identified in relation to the culture and ethos of the home, maintaining patients’ dignity and privacy, fire safety and governance arrangements.

## Areas identified for improvement

Areas for improvement were identified in relation to safe moving and handling, evaluation of wound care and planning and activities records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Lyttle, manager, Wendy Shannon, Quality and Governance Lead and Carol Kelly, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of footplates for the transfer of patients.</p> <p>Ref: 6.2</p>
<p><b>Response by registered person detailing the actions taken:</b> Foot plate was repaired on the day of inspection. All outstanding staff completed Moving and handling training</p>	

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that nursing staff record a meaningful evaluation of the care delivered in relation to wound care.</p> <p>Ref: 6.2</p>
<p><b>Response by registered person detailing the actions taken:</b> Nursing staff advised to include evaluation of wound care in daily evaluations</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 March 2020</p>	<p>The registered person shall ensure individual activity assessments are completed for all patients. These should inform a person centred plan of care which is reviewed as required. Daily progress notes should reflect patient's activity provision. Activities provided in the home should be reviewed at least twice a year.</p> <p>Ref: 6.2</p>
<p><b>Response by registered person detailing the actions taken:</b> individual activity assessments completed, activity provision included in daily progress report.</p>	

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



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