

Inspection Report

3 June 2021



The Graan Abbey

Type of Service: Nursing Home
Address: Derrygonnelly Road, Enniskillen, BT74 5PB
Tel no: 028 6632 7000

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Carewell Homes Ltd</p> <p>Responsible Individual: Mrs Carol Kelly</p>	<p>Registered Manager: Mrs Heather Lyttle</p> <p>Date registered: 21 October 2019</p>
<p>Person in charge at the time of inspection: Ms Jacqueline Beaumont - Staff Nurse then joined by Mrs Heather Lyttle at 10.00am</p>	<p>Number of registered places: 61</p> <p>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). There shall be a maximum 1 named resident receiving residential care in category RC-DE.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. 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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 45</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 61 patients. The home is divided in two units; one unit provides care for people living with dementia and the other provides general nursing care. The building is shared with a registered Residential Care Home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2021, from 9.30 am to 3.35 pm by a care inspector.

The inspection assessed 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.

Seven new areas for improvement were identified in respect of staffing arrangements, the environment and fire safety. Two areas for improvement were stated for a second time.

Patients said that living in the home was a good experience. Patients unable to voice their opinions 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.

RQIA were largely assured that the delivery of care and service provided in The Graan Abbey was effective and compassionate and that the home was well led but with identified areas of improvement.

The findings of this report will provide the Manager and the Responsible Individual 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 and 'Tell Us' cards 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.

At the end of the inspection the Manager and the Responsible Individual were provided with details of the findings.

4.0 What people told us about the service

During the inspection we spoke with 25 patients and eight staff. No questionnaires were returned and we received no feedback from the staff online survey. Patients spoke in positive terms about the care they received and on their interactions with staff. Patients confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working throughout the COVID-19 pandemic and that the workload was busy with additional stress when there were deficits in the staffing levels but stated that The Graan Abbey provided good care to patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to The Graan Abbey was undertaken on 29 September 2020 by a care inspector.

Areas for improvement from the last inspection on 29 September 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: First time	The registered person shall risk assess all radiators/hot surfaces in accordance with current safety guidelines with subsequent appropriate action.	Not met
	Action taken as confirmed during the inspection: Risk assessments were put in place with subsequent appropriate action put in place where necessary. However there were two identified radiators which were excessively hot to touch and posed a significant risk if a patient were to fall and lie against these surfaces. This area of improvement has been stated for a second time.	

Area for improvement 2 Ref: Regulation 27(4)(e) Stated: First time	The registered person shall ensure all staff are in receipt of up-to-date training in fire safety.	Not met
	Action taken as confirmed during the inspection: This area for improvement has not been met; this is discussed further in Section 5.2.3. This area of improvement was not met and has been stated for a second time.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect patients. Discussions with the manager confirmed she had a good knowledge and understanding of the legislation and standards pertaining to the safe recruitment and selection of staff.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular mandatory and additional training in a range of topics.

Staff said there was good team work and that the provision of care was very good. However, staff said that they were dissatisfied with the staffing levels and that the workload was exceptionally busy, particularly when having to attend to duties during any periods of unforeseen staff absences. During the inspection, there was a deficit of one nurse and two care assistants in the planned staffing levels. The deficit in the one nurse was facilitated by an additional care assistant and the deficits in the two care assistants was resolved by two care assistants reporting for duty later in the morning.

It was further noted that the workload for staff was busy throughout the inspection, they responded to patients in a timely manner. An area of improvement was made for staffing levels to be reviewed to take account of patients' dependencies, the size and layout of the home and fire safety requirements. In undertaking this review there needs to a clear contingency plan put in place to cover any deficits in staffing, such as planned and unplanned absences.

The staff duty rota accurately reflected all of 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 person in charge of the home in the manager's absence had undertaken a competency and capability assessment for this role.

Two patients said "They (the staff) look after me very well. They (the staff) are terribly good here. I have no worries." and "Everything is grand here. The staff are marvellous. They work very hard."

There were safe systems in place to ensure that staff were recruited and trained properly. However deficits in the staffing levels and the subsequent demands of the workload need to reviewed so as to ensure patients' assessed needs are not compromised.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

Inspection of staff training records confirmed that all staff had completed adult safeguarding training. Staff stated they were confident about reporting concerns about patients' safety and poor practice, and that they understood the whistle-blowing policy. However, it was noted that the induction programme for some staff induction records did not include safeguarding and whistleblowing information. An area of improvement was identified.

Inspection of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practice and/or the quality of services provided by the home.

At times, some patients may be required to use equipment that can be considered to be restrictive. For example, a locked door, alarm mats and/or bed rails. Inspection of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that where possible, patients were actively involved in the consultation process in order to provide informed consent for the use of such equipment.

Staff were observed to be prompt in recognising patients' needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be polite, friendly, warm and supportive. Staff were seen to seek patients' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..."

There were systems in place to ensure that patients felt safe within the home and that staff were trained with regard to adult safeguarding; an area for improvement was identified in relation to staff inductions.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Observation of the home's environment evidenced that the environment was clean and tidy. However, the general décor and furnishings were tired and dated in areas. The Responsible Individual reported that new carpet was to be fitted in the ground and first floor corridors. An area of improvement was identified in regards to the flooring in the Primrose Suite which had significant tearing as this could have a detrimental impact on effective cleaning. An area of improvement was also identified for a specialist chair in the ground floor lounge to be repaired / replaced due to surface tearing.

Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

The home also had photographic displays of patients participating in the activity programme provided.

The home's most recent fire safety risk assessment was dated 21 January 2021. There was no corresponding evidence recorded, other than verbal assurances from the Manager that these recommendations had been addressed, to confirm that seven recommendations contained within the assessment had been addressed. This has been identified as an area of improvement.

Fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment. However, inspection of staff training records highlighted that fire safety training was not up-to-date for all staff. Assurances were since received from the Responsible Individual that up-to-date fire safety training has been put in place. An area of improvement has been stated for a second time.

The environment of the home was found to be clean and tidy; however, new areas of improvement have been identified in relation to the home's environment and fire safety arrangements.

5.2.4 How does this service manage the risk of infection?

Feedback from the manager and observation of the environment confirmed that there were systems and processes in place for the management of risks associated with COVID-19 and other infectious diseases.

Inspection of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and other accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19. An area of improvement was made in regards to the amount of notices throughout the home which were not laminated and would deter effective cleaning. A further area of improvement was made in regard to the staff changing facility which was heavily cluttered with storage of furniture.

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.

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

Systems were in place with regard to IPC management and visiting arrangements were in keeping with current regional guidance. A new area for improvement was made in relation to the use of signage throughout the home.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes to the needs of the patients. In addition, care records were accurately maintained and reflected the needs of the patients. The manager had good knowledge of individual patient's needs, their daily routines, wishes and preferences.

Patients who were less able to mobilise independently required close attention to their skin care. These patients were assisted by staff to change their position regularly. Patients who required help with repositioning and/or required wound care had this clearly recorded in their care records. There was evidence that, where needed, nursing staff had consulted with the Tissue Viability Nurse (TVN) and were following any recommendations they had made.

Inspection of records and discussion with the manager and staff confirmed that risks associated with falls were well managed. For example, when a patient experiences a fall, it is good practice to review the incident in order to determine how and why it occurred, and if anything more can be done to prevent further falls. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure that accidents and incidents were notified, if required, to patients' next of kin, their Care Manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may require a range of support with meals; this can range from gentle encouragement to full assistance from staff. During the dining experience, it was observed that staff worked hard to ensure patients were enjoying their meals and the overall dining experience.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the patients.

One patient made the following statement; "It couldn't be better. There are great dinners here."

In summary, arrangements were in place to ensure patients received the right care at the right time and there was good staff communication with patients.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they accurately reflected the patients' needs and the care being provided. Where possible, patients were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

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

In summary, daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or reside in areas of choice. Patients were observed to be comfortable and at ease in their environment and in interactions with staff. Depending on the assessed needs of the patient, we observed additional support being provided by staff as required. Activities were facilitated mostly on a one to one basis or in small groups. Patients commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls to their loved ones. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

A discussion was held with the manager regarding the suitability of music which was playing on a radio within two patients' bedrooms. The manager acknowledged that this type of music was not in keeping with the patients' preferences and an area of improvement was identified.

In summary the home supports patients to have meaning and purpose to their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Conclusion

Observation of care practices, feedback from patients and staff, and review of records provided assurance that this service is providing effective and compassionate care.

Seven areas for improvement were identified in respect of ensuring patients are safely cared for. These related to staffing, adult safeguarding, IPC, fire safety and the environment. Details can be found in the Quality Improvement Plan included.

7.0 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 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	6*	3

* The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Heather Lyttle, manager and Mrs Carol Kelly, Responsible Individual, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: Second time</p> <p>To be completed by: 3 July 2021</p>	<p>The registered person shall risk assess all radiators/hot surfaces in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Investigation of the two excessively hot radiators identified a fault with a heating boiler. This boiler has been replaced and the issue resolved. Further risk assessment of hot surfaces has been completed. Bespoke radiator covers have been made and fitted to a number of radiators in the home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(4)(e)</p> <p>Stated: Second time</p> <p>To be completed by: 3 July 2021</p>	<p>The registered person shall ensure all staff are in receipt of up-to-date training in fire safety.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: All staff are up to date with online fire training. In addition 51 staff have attended Face to face fire training including practical demonstrations on the use of fire extinguishers.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 3 July 2021</p>	<p>The registered person shall put in place a review of staffing levels to take account of patients' dependencies, the size and layout of the home and fire safety requirements. In undertaking this review there needs to a clear contingency plan put in place to cover any deficits in staffing, such as planned and unplanned absences.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staffing levels have been reviewed in line with dependency levels, fire safety requirements and the layout of the home. Since the inspection 1 Nurse and 4 care assistants have been recruited to supplement the care team. Relief staffing and agency lists are up to date so the person in charge knows who to contact in the event of a planned or unplanned staffing deficit.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27(2)(g)</p> <p>Stated: First time</p> <p>To be completed by: 3 July 2021</p>	<p>The registered person shall make good the identified specialist chair.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This chair has been replaced</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 3 July 2021</p>	<p>The registered person shall submit a time bound action plan to the home's aligned estates inspection detailing the actions taken in response to the recommendations made from the fire safety risk assessment, dated 21 January 2021.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Action plan has been forwarded and submitted on 29 June 2021 with evidence of all works completed.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27(3)(a) (i)</p> <p>Stated: First time</p> <p>To be completed by: 3 July 2021</p>	<p>The registered person shall make good the amount of notices throughout the home which were not laminated that would deter effective cleaning and the staff changing facility and ensure there is no inappropriate storage.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: All notices have been reviewed and removed or replaced with laminated notices as required. Inappropriately stored items have been removed from the staff changing facility.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 13(7)</p> <p>Stated: First time</p> <p>To be completed by: 3 July 2021</p>	<p>The registered person shall ensure that the programme of staff induction includes the adult safeguarding and whistleblowing policies.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The current induction booklet includes adult safeguarding and whistleblowing policies. An old booklet was in circulation. All old booklets have been destroyed.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 46(2)</p> <p>Stated: First time</p> <p>To be completed by: 3 July 2021</p>	<p>The registered person shall make good the flooring in the Primrose Suite and the amount of notices throughout the home which were not laminated.</p> <p>Ref: 5.2.3 and 5.2.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 9(5)</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2021</p>	<p>Response by registered person detailing the actions taken: The home is currently undergoing renewal of floors throughout the home and this includes the floor in this unit. This work is not yet completed. Timescale for completion mid August 2021.</p> <p>The registered manager shall ensure that the genre of music played is keeping with patients' preferences.</p> <p>Ref: 5.2.7</p> <p>Response by registered person detailing the actions taken: Staff have been advised to ensure that music is in keeping with individual patient preferences.</p>

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