

Inspection Report

4 October 2022



The Graan Abbey

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Mrs Carol Kelly	Registered Manager: Mrs Heather Lyttle Date registered: 13 March 2012
Person in charge at the time of inspection: Mrs. Heather Lyttle	Number of registered places: 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). There shall be a maximum 1 named resident receiving residential care in category RC-DE.
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.	Number of patients accommodated in the nursing home on the day of this inspection: 48
Brief description of the accommodation/how the service operates: 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. There is a Residential Care Home which occupies the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

This unannounced inspection took place on 4 October 2022, from 9.50am to 2.40pm by a care inspector.

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

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

Staff promoted the dignity and well-being of patients.

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.

One area of improvement was identified during this inspection. This was in relation to staff training in dysphasia and in Deprivation of Liberty (DoLs)

RQIA were assured that the delivery of care and service provided in The Graan Abbey was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give 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 daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Heather Lyttle and Mrs. Carol Kelly at the conclusion of the inspection

4.0 What people told us about the service

Patients spoke positively about their life in the home, their relationship with staff, the provision of meals and the general atmosphere in the home. Patients who were unable to articulate their views were seen to be comfortable and at ease in their environment and interactions with staff.

Staff said that they felt there was good care provided in the home, that they were well supported in their roles and duties and that there was good team working and staff morale.

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 22 February 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of a sample of a recently appointed staff member's recruitment records confirmed that there was a robust system in place to ensure staff were recruited correctly to protect residents.

Staff receive a programme of induction on appointment. A staff nurse described the induction process of newly appointed staff which included supernumerary time, supervision and quality assurance of care practices by a nominated staff member. This is good practice.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager explained that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. It was also noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role. Staff said that they were satisfied with the staffing levels.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis on. An area of

improvement was identified with staff needing to receive training in dysphasia and Deprivation of Liberty Level 2.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Two patients said; "I haven't any complaints. The staff are all fantastic." and "You couldn't complaint about a thing here. Everything is very good, including the food."

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be pleasant, polite, friendly and warm. One patient said; "They (the staff) couldn't do enough for you. They are all very kind."

Patients' care records were maintained which accurately reflected the needs of the patients. 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care, through up-to-date audits and care planning.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Two patients said; "The dinners are great, especially the puddings." and "The meals are mostly great and you have a choice."

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, patients were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment.

An area of improvement was identified for all staff to receive training in dysphasia. The Responsible Individual gave assurances that this was being acted upon with priority.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made. Monthly audits were in place to examine the provision of care, interventions and aligned consultation with these assessed needs.

Patients' aids and appliances were seen to be clean and in working order.

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.

Residents' care records were held confidentially.

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

Patients, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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

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

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment, fire safety drills and fire safety training. The home's most recent fire safety risk assessment was dated 15 March 2022. There were recorded actions taken in response the four recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time.

The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Two patients said; "They (the staff) are all good to me here. No problems." and "I am very comfortable here and like it very much."

Photographs of recent social events were also nicely displayed, showing patients participation.

5.2.5 Management and Governance Arrangements

Mrs Heather Lyttle is the Registered Manager of the home. Staff commented positively about the Manager and described them as supportive, approachable and always available for guidance.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. There were good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a comprehensive system of audits in place. These included audits of care records, infection prevention and control, the environment and accidents and incidents. These audits had action plans in place to address any issues identified with corresponding details when these actions had been completed and by whom.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was 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	
Area for improvement 1 Ref: Regulation 20(1)(c) Stated: First time To be completed by: 4 November 2022	<p>The registered person shall ensure staff are in receipt of training in;</p> <ul style="list-style-type: none"> • Dysphasia • Deprivation of Liberty Level 2 <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff have now completed dysphasia training and 95 % of staff have completed Deprivation of liberty level 2, the remainder of staff are being supported to complete this</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

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