

# Unannounced Care Inspection Report 11 October 2017



## The Graan Abbey

**Type of Service: Nursing Home (NH)**  
**Address: Derrygonnelly Road, Enniskillen, BT74 5PB**  
**Tel No: 028 6632 7000**  
**Inspector: Gerry Colgan**

[www.rgia.org.uk](http://www.rgia.org.uk)

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 86 persons.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Carewell Homes Ltd<br><br><b>Responsible Individual:</b><br>Carol Kelly  | <b>Registered Manager:</b><br>Pamela Fee<br><br>  |
| <b>Person in charge at the time of inspection:</b><br>Mrs Wendy Shannon, Clinical Governance Coordinator was the person in charge of the home in the absence of the registered manager.  | <b>Date manager registered:</b><br>21 September 2016  |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>DE – Dementia<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment.<br>MP – Mental disorder excluding learning disability or dementia.<br>MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. | <b>Number of registered places:</b><br>86 comprising:<br><br>A maximum of 56 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).<br>There shall be a maximum of 7 named residents receiving residential care in category RC-I,<br><br>2 named residents receiving care in category RC-PH and 1 named resident receiving care in category RC-DE. |

### 4.0 Inspection summary

An unannounced inspection took place on 11 October 2017 from 09.30 to 16.30 hours.

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.

The term 'patients' is used to describe those living in The Graan Abbey which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found in regards to: governance processes relating to staff recruitment and management, care delivery and quality assurance; adult safeguarding and risk management. Other areas of good practice include the culture and ethos of the home communication with patients; care records and maintaining good working relationships.

Areas requiring improvement were identified against the standards in regards to the homes environment and responding to patient call alarms in a timely manner.

Patients said:

“This is a great home. You will find no problems here.”

“I am very comfortable here. They look after me very well.”

“I am 102 next month and I couldn't be better. I feel quite happy and very well looked after.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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> | 0           | 4         |

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Wendy Shannon, clinical governance coordinator and Mrs Carol Kelly, director, 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 21 August 2017

The most recent inspection of the home was an unannounced finance inspection undertaken on 21 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 20 patients, 12 staff, and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 25 September 2017 to 16 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 21 August 2017**

The most recent inspection of the home was an unannounced finance inspection.

This QIP will be validated by the finance inspector at the next finance inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 16 February 2017

| Areas for improvement from the last care inspection                                     |  |                          |
|---|--|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015)   |  | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 12.9<br><b>Stated:</b> First time | The registered provider should ensure that all relevant staff receives updated training in the management of feeding techniques for patients who have swallowing difficulties.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the clinical governance coordinator and review of training records confirmed that all relevant staff had received updated training in the management of feeding techniques for patients who have swallowing difficulties.                           |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 35.9<br><b>Stated:</b> First time | The registered provider should ensure that all accidents and incidents occurring in the home are reported to RQIA and other relevant organisations in accordance with legislation and procedures and a record is maintained.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>A review of all accidents/incidents since the last care inspection confirmed that all accidents and incidents occurring in the home are reported to RQIA and other relevant organisations in accordance with legislation and procedures and a record is maintained. |                          |

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The clinical governance coordinator 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 weeks commencing 25 September 2017 to 16 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients, and discussion with the clinical governance coordinator and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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 and staff receive regular supervision, annual appraisals and competency and capability assessments as applicable.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the clinical governance coordinator 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, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the clinical governance coordinator 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 clinical governance coordinator and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. 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. Where any shortcomings were identified safeguards were put in place.

Review of three 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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home’s environment was undertaken and included observations of the majority of bedrooms, ensuite bathrooms and all communal bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout and patients/representatives/staff spoken with were complimentary in respect of the home’s environment. Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

The following deficits were observed, four chairs in the third floor lounge and two in Cloisters sitting room were scuffed or torn and require to be replaced or reupholstered. A risk assessment is required for all bedrooms/ensuite and communal bathrooms that have uncovered radiators. Knots were tied at the ends of many wipeable pull cords in ensuite bathrooms instead of a wipeable handle, preventing them from being effectively cleaned. The skirting areas were damaged in many of the ensuite bathrooms. Surfaces which are compromised cannot be effectively cleaned creating a potential risk of infection.

These issues were discussed with the clinical governance coordinator and director and are required to be addressed to ensure the safety and wellbeing of patients in the home. An area for improvement had been identified under the standards.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

**Areas for improvement**

Areas for improvement were identified against the standards in regards to:

- Repair/replace the scuffed or torn chairs.
- Complete a risk assessment for all uncovered radiators.
- Provide a wipeable handle to pull cords in the ensuite bathrooms.
- Repair the damaged skirting areas in the identified ensuite floors.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 0                  | 3                |

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Review of three 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. 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.

A review of supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Review of three 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. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

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. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the clinical governance coordinator confirmed that staff meetings were held on a three monthly basis and records were maintained.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the clinical governance coordinator and review of records evidenced that a patient and/or relatives satisfaction survey is completed annually and results available. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate and caring however it was noticed that two patient call alarms were not answered in a timely manner. This has been identified as an area for improvement under the standards.

Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the clinical governance coordinator confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with 20 patients individually, and with others in smaller groups, confirmed that living in The Graan Abbey was a good experience.

As part of the inspection process, we issued questionnaires to staff (ten), patients (eight) and patients' representatives (ten). Seven patients, one patient's representative and seven staff completed and returned questionnaires within specified timescales.

The questionnaires from patients, patient's representatives and staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. One patient comment was received.

Patient comment:

- "This home is ticking over very well."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

## Areas for improvement

The following area was identified for improvement under the standards in that patient call alarms should be answered in a timely manner.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the clinical governance coordinator and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients, and patient representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home which was the clinical governance coordinator in the absence of the registered manager.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the clinical governance coordinator and review of records/observation evidenced that the home was operating within its registered categories of care.

The clinical governance coordinator confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Policies and procedures were indexed, dated and approved by the registered provider and staff confirmed that they had access to the home's policies and procedures.

Discussion with the clinical governance coordinator and review of the home's complaints record 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. A copy of the complaints procedure was available in the home and staff were knowledgeable of the complaints process.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the clinical governance coordinator and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the clinical governance coordinator, director and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

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.

Discussion with the director and review of records evidenced that regulation 29 unannounced monthly monitoring visits were completed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Wendy Shannon clinical governance coordinator and Mrs Carol Kelly, director, 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.

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>  |  |
| <p><b>Area for improvement 1</b></p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by:<br/>30 November 2017</p>    | <p>The registered person shall introduce a system to ensure that all patient call alarms are responded to in a timely manner.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b><br/>All nursing and care staff have been reminded that all patient call alarms should be responded to in a timely manner. The registered nurse on duty to monitor call alarms and instruct care staff to ensure that they are responded to. The registered manager will continue to monitor this.</p>   |
| <p><b>Area for improvement 2</b></p> <p>Ref: Standard 43.2</p> <p>Stated: First time</p> <p>To be completed by:<br/>31 December 2017</p> | <p>The registered person shall repair/replace the scuffed or torn chairs in the third floor lounge and the two chairs in Cloisters sitting room.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Action plan in place to repair/replace the identified chairs in the third floor lounge and the two chairs in Cloisters sitting room. The registered manager will monitor this and ensure action plan adhered to.</p>   |
| <p><b>Area for improvement 3</b></p> <p>Ref: Standard 43.4</p> <p>Stated: First time</p> <p>To be completed by:<br/>30 November 2017</p> | <p>The registered person shall complete a risk assessment for all bedrooms/ensuites and bathrooms that have uncovered radiators.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Those bedrooms/ensuites and bathrooms of patients who are mobile and at risk of falling against radiators have been identified. Action plan is in place for maintenance to put radiator covers in place in the identified areas and risk assessments have been formulated.</p>   |
| <p><b>Area for improvement 4</b></p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by:<br/>30 November 2017</p> | <p>The registered person shall</p> <ul style="list-style-type: none"> <li>• replace the knots tied at the ends of the pull cords in ensuite bathrooms with a wipeable handle</li> <li>• repair the damaged skirting areas at the identified ensuite floors.</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Action plan is in place for maintenance to replace the knots tied at the end of pull cords in ensuite bathrooms with plastic covering and handles. The damaged skirting areas at the identified ensuite floors have been repaired.</p> |



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**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)

Assurance, Challenge and Improvement in Health and Social Care