



The Regulation and
Quality Improvement
Authority

The Graan Abbey
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**Unannounced Care Inspection
of
The Graan Abbey
12 January 2016**

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 12 January 2016 from 12.00 to 17.00 hours.

The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 29 September 2015, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients could be assured. The areas for improvement and compliance with regulation were in relation to:

- pre-admission assessments
- assessment of need and care plans
- governance and quality assurance

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern and no areas for improvement were identified.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to section 5.3.

For the purposes of this report, the term 'patients' will be used to described those living in The Graan Abbey which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 29 September 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Carewell Homes Ltd/Mrs Carol Kelly	Registered Manager:
Person in Charge of the Home at the Time of Inspection: Mrs Pamela Fee	Date Manager Registered: Mrs Pamela Fee, Acting Manager
Categories of Care: NH-LD, NH-I, RC-I, NH-PH, RC-PH, NH-DE, NH-MP, NH-MP(E), RC-MP, RC-MP(E)	Number of Registered Places: 86
Number of Patients Accommodated on Day of Inspection: 68 patients	Weekly Tariff at Time of Inspection: Nursing - £581.00 Residential - £461.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection and to determine if the safety of patients could be assured.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the responsible person
- discussion with the acting manager
- discussion with the governance manager
- discussion with staff (three registered nurses and six care staff)
- discussion with the majority of patients
- discussion with relatives
- observation during an inspection of the premises
- evaluation and feedback.

The following records were examined during the inspection:

- six patients care records
- accidents/incidents records
- complaints records
- a sample of clinical audits
- regulation 29 reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 29 September 2015. The completed QIP was returned and approved by the nursing inspector.

Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person must not provide accommodation to a patient unless the needs of the patient have been fully assessed by a suitably qualified or suitably trained person and the home can meet the patients assessed needs.</p> <p>The registered person must ensure that required aids or specialist assessed equipment to meet patient's needs are in place before admission.</p> <p>Ref: Section 4.1</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the care records of four patients who had recently been admitted to the home evidenced that pre-admission assessments had been completed by the responsible person. All appropriate aids and equipment were in place to meet the needs of the patients accommodated. A letter of confirmation of the suitability of the home to meet the needs of the patient had been sent to each patient/representative following the pre-admission assessment.</p>	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 4.7 Stated: Third time	The registered person should ensure that, with regard to care records – <ul style="list-style-type: none"> • the assessment of the patient’s needs is kept under review, and • revised at any time when it is necessary to do so having regard to any change of circumstances • the patient’s care plan is kept under review and reflects the current assessment of needs and care delivery. 	Met
	Action taken as confirmed during the inspection: The care records of six patients were reviewed. There was evidence that the assessment of patients’ needs and care plans were kept under review and revised monthly or more frequently having regard to any change in the patients’ condition.	
Recommendation 2 Ref: Standard 36.5 Stated: Third time	The registered person should ensure the organisation has robust systems in place to monitor, audit and review the quality of nursing and other services provided within the home. This includes regular audits of: <ul style="list-style-type: none"> • accidents/incidents • care records • infection prevention and control • the management of pressure areas. 	Met
	Action taken as confirmed during the inspection: There was evidence of a regular programme of clinical audits including accident/incidents; care records; infection control the management of pressure areas. There was also evidence that audit findings had been acted upon to enhance the quality of care in the home. A governance and quality assurance manager had been appointed since the previous inspection. Their role was to oversee the governance arrangements within the group (three homes). A sample of Regulation 29 reports was also reviewed and evidenced that these had been maintained appropriately and actions taken to address any deficits identified.	

Recommendation 3 Ref: Standard 36.5 Stated: Second time	It is recommended that audits are undertaken of patients and residents who are incontinent and the findings acted upon to enhance continence care in the home.	Met
	Action taken as confirmed during the inspection: Continence care audits were completed three monthly and the findings acted upon to enhance continence care in the home.	

5.3 Additional Areas Examined

5.3.1 Consultation with patients, their representatives and staff

The inspector was able, as part of the inspection process, to meet with the majority of patients. A number of patients were unable to verbalise their views of the care they received due to the frailty of their condition. All patients appeared comfortable in their surroundings and no issues were brought to the attention of the inspector. Nine patients completed questionnaires. No concerns were raised. A few comments are detailed below:

- “The staff are really friendly and helpful. I don’t like asking them to do things for me that I should be able to do for myself, but they reassure me that that’s what they are here for.”
- “I enjoy the company of living here. There are always people to talk to.”
- “I love it. It’s like home.”
- “I am very happy to be staying here.”

The relatives of three patients took the time to speak with the inspector. Comments received from the relatives were very positive with regard to the quality of care and services provided. Comments included the following:

- “I come to see my wife every day and I couldn’t fault anything. The staff are all very good and kind. They couldn’t do enough for you.”
- “This is like a home from home. We are kept informed of everything affecting our relative.”
- “We have no complaints.”

Discussion took place with three nurses and six care staff. Eight staff also completed questionnaires. The general view from staff cited in completed questionnaires and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. No concerns were raised. Comments received from the staff included the following:

- “Everyone is treated as an individual. We try to encourage people to maintain independence for as long as possible.”
- “We have a good support network for patients.”
- “In my opinion, the patients are getting a very high standard of care.”
- “I have had family members cared for in this setting. Our family’s experience was 100%.”

- “The Graan Abbey has a very welcoming, family feel. Each member of staff knows each resident very well, including how to support/reassure them when they are upset.”

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Pamela Fee	Date Completed	02.02.16
Registered Person	Carol Kelly	Date Approved	02.02.16
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	02.02.16

Please provide any additional comments or observations you may wish to make below:

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