

Inspection Report

Name of Service: The Graan Abbey

Provider: Carewell Homes Ltd

Date of Inspection: 17 September 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Carewell Homes Ltd
Responsible Individual:	Mrs Carol Kelly
Registered Manager:	Mrs Heather Lyttle
<p>Service Profile: 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. Primrose Suite on the second floor provides care for up to 20 people with dementia. Cloisters suite is located over three floors and provides nursing care for up to 32 patients with frail elderly; physical disability under 65 years of age; and up to 10 patients under/over 65 years of age with mental health. Patients have access to communal lounges, dining rooms and outdoor spaces.</p> <p>There is a residential care home within a separate area of the home and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 September 2024, from 9.20 am to 5.15 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 August 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; fire safety, medicines management, infection prevention and control (IPC) measures, the recording of head injury observations and repositioning.

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. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Two areas for improvement relating to medicines management will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Getting well looked after", "Staff are brilliant; all of them from every grade", "Very happy here", "Very good care in this home" and "It's great here".

Two questionnaires were received from patients. The respondents were very satisfied with the overall delivery of care. Comments included: "The care is first class", "Staff assist me with all my care needs and supervise me when walking so that I don't fall" and "The staff are 100%".

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested. One patient said: "If I need anything the staff are very attentive" and a further patient said: "The staff are kind, caring and friendly. They always chat to you".

One questionnaire was received from a relative. The respondent was very satisfied with the overall delivery of care. Comments included: "The staff are always courteous to us visitors and always helpful".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

A number of patients were observed in their bedrooms without access to a nurse call alarm; this was discussed with the person in charge who advised that most of the patients identified were unable to use a nurse call bell and that staff carry out regular checks on these patients to ensure their needs are being met.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly, however, a number of records did not confirm that patients were always repositioned in line with their care plans. An area for improvement was identified.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. However, review of a sample of care records regarding unwitnessed falls evidenced that not all head injury observations were completed in line with the home's policy. This was discussed in detail with the responsible individual and an area for improvement was identified.

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 and their diet modified. There was a pictorial menu on display within each dining room offering a choice of two meals.

It was positive to note that the International Dysphagia Diet Standardisation Initiative (IDDSI) which is a global standard with terminology and definitions to describe texture modified foods and thickened fluids, was available in a number of languages.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. A mealtime co-ordinator was allocated to oversee the correct delivery of meals to patients. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Whilst most patients were seated at a dining table; patients within the dementia unit were mostly seated in an armchair with a small portable table in front of them and did not provide the same opportunity for patients to socialise compared with the main dining room on the ground floor. This was addressed following the inspection.

Patients commented positively about the food provided within the home with comments such as: "The food is good here", "Plenty of food and a good variety", "The food is wonderful" and "Good variety of food and we can choose where to sit".

The importance of engaging with patients was well understood by the person in charge and staff. An activity schedule was on display within the home offering a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, hairdressing, one to one reading or seated exercise.

The activity therapists were very enthusiastic in their role and were observed positively engaging with patients and encouraging them to participate in activities. During the inspection seated exercises were provided in the morning and board games in the afternoon; patients appeared to enjoy the activities provided.

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff. One patient said: "Plenty of activities. Something happening every day" and another patient said: "The staff are wonderful here. They couldn't do enough for you".

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

A number of patient care records were not securely stored; this was addressed during the

inspection. Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Advice was provided to ensure records included enough detail on patients' normal bowel frequency.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. A small number of entries within care records were not able to be read as correction fluid had been applied. The management team acknowledged that this was not good practice and agreed to discuss this with relevant staff and to monitor going forward. Following the inspection, written confirmation was received that relevant action had been taken to address this.

3.3.4 Quality and Management of Patients' Environment

The home was clean, neat and tidy and patients' bedrooms were personalised with items important to the patient. Whilst most areas of the home were suitably furnished, warm and comfortable, a number of walls required painting and surface damage was evident to identified floor coverings, bedframes and armchairs. It was further identified that over sink light pull cords and a small number of emergency pull cords were not covered to ensure they could be wiped clean. The lock on a kitchenette door also required review. Details were discussed with the responsible individual who advised that a refurbishment plan was in the process of being implemented and agreed to have these issues addressed. Following the inspection, written confirmation was received that relevant action had been taken to address these issues.

Multiple cardboard boxes were observed against an external wall to the rear of the home. Prior to the completion of the inspection these cardboard boxes were removed.

Other fire safety issues were observed including a bedroom door that was not closing tightly to the doorframe; and a bedroom door was obstructed with a crash mat. Whilst these issues were addressed during the inspection an area for improvement was identified to ensure sustained compliance.

Topical cream was observed within two areas of the home easily accessible to patients and not appropriately labelled. This was discussed with the management team who agreed to have this reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

A medicines trolley was also observed unattended with access to prescribed supplements and despite this having been discussed with management, it was later observed that the medicines trolley was left unattended again with the keys remaining in the trolley and prescribed supplements on top. This information was shared with the pharmacist inspector and an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, a number of staff were not bare below the elbow and two staff were observed removing used linen from patient's bedrooms without wearing the appropriate personal protective equipment (PPE). It was further identified that patient equipment was inappropriately stored within a number of en-suites. Areas for improvement were identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Heather Lyttle has been the Manager in this home since 21 October 2019.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Review of the concerns procedure displayed within patients' bedrooms evidenced that the address and telephone number for RQIA were incorrect. This was discussed with the person in charge who agreed to have this amended.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	4

* The total number of areas for improvement includes two regulations that have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 13 (1) (a) (b) Stated: First time To be completed by: 17 September 2024	<p>The registered person shall ensure that head injury observations are obtained following all unwitnessed falls in line with the home's policy.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Memo sent to all reeegistered nurses to ensure that head injury observations are recorded at all times</p>

Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 17 September 2024	The registered person shall ensure that prescribed medicines are safely and securely stored at all times. Ref: 3.3.4 Response by registered person detailing the actions taken: supervision took place with the registered nurse on duty at the time to ensure medication is securely stored at all times.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: 19 January 2023	The registered person shall ensure that patients have a continuous supply of their prescribed medicines. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: 19 January 2023	The registered person shall review the management of medicines on admission to the home to ensure that written confirmation of the patient's current medication regimen is obtained on all occasions and medicines are administered as prescribed. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 17 September 2024	The registered person shall ensure that where a patient requires repositioning this is completed in accordance with their care plan and reflected within supplementary recording charts. Ref: 3.3.2 Response by registered person detailing the actions taken: supplementary recording charts have been updated to include recommended frequency of repositioning as per care plan
Area for improvement 2 Ref: Standard 48 Stated: First time	The Registered Person shall ensure that all fire doors are able to close in the event of a fire alarm being activated. Ref: 3.3.4

To be completed by: 17 September 2024	Response by registered person detailing the actions taken: Crash mat was repositioned and door repaired
Area for improvement 3 Ref: Standard 46.11 Stated: First time To be completed by: 17 September 2024	The Registered Person shall ensure that hand hygiene is a priority with the home. With specific reference to ensuring that staff are bare below the elbow and wear appropriate PPE in accordance with the task being completed. Ref: 3.3.4
	Response by registered person detailing the actions taken: Memo to all staff re bare below the elbow and correct use of PPE
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: 17 September 2024	The Registered Person shall ensure that patient equipment is stored appropriately to reduce the risk and spread of infection. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff have been advised that wheelchairs are not to be stored in bathrooms for infection prevention and control

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The Regulation and
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Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews