

Inspection Report

22 February 2022



The Graan Abbey

Type of service: Nursing
Address: Derrygonnelly Road, Enniskillen, BT74 5PB
Telephone number: 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: 13 March 2012</p>
<p>Person in charge at the time of inspection: Mrs. Heather Lyttle</p>	<p>Number of registered places: 62</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: 54</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 62 patients. The home is divided in two units over three floors. Primrose Suite on the second floor provides care for people with dementia.</p> <p>There is a Residential Care Home which occupies the first and second floors and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

This unannounced inspection took place on 22 February 2022 from 10.40am to 2.30pm 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.

All areas of improvement from the previous inspection were reviewed and met.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of patients, through kind, supportive interactions and attentive care practices.

No areas requiring improvement were identified.

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.

RQIA were assured that the delivery of care and service provided in The Graan Abbey was safe, effective, compassionate and that the home was well led.

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 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.

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, Registered Manager and Mrs Carol Kelly, Responsible Individual at the conclusion of the inspection

4.0 What people told us about the service

We met with 25 patients and nine staff on this occasion. In accordance with their capabilities all patients spoke in favourable terms about their life in the home, their relationship with staff, the provision of meals and the general atmosphere. Some of the comments made included the following statements; “The staff all work very hard. It’s not an easy but they do a great job.” and “There’s a lovely atmosphere here. The staff are fantastic.”

Staff spoke in positive terms about their roles and duties, staffing levels, training, teamwork and managerial support. Staff also said they felt a good standard of care was provided for and they were pleased with the recent improvements in the home with staffing levels, the environment and comfort of the staff changing facility.

5.0 The inspection

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

Areas for improvement from the last inspection on 3 June 2021		
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: Second time	The registered person shall risk assess all radiators/hot surfaces in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: A comprehensive risk assessment of all individual radiators and hot surfaces has been put in place. This risk assessment recorded corresponding actions taken such as installation of radiator covers for any area of risk from injury. These actions were observed throughout the environment.	
Area for Improvement 2 Ref: Regulation 27 (4) (e) Stated: Second time	The registered person shall ensure all staff are in receipt of up-to-date training in fire safety.	Met
	Action taken as confirmed during the inspection: A review of fire safety records confirmed that all staff were in receipt of up-to-date training in fire safety.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Staffing levels had been reviewed to take account of patients' dependencies, the size and layout of the home and fire safety requirements. Contingency arrangements were in place to seek cover for staff absences.</p>		
<p>Area for Improvement 4</p> <p>Ref: Regulation 27 (2) (g)</p> <p>Stated: First time</p>	<p>The registered person shall make good the identified specialist chair.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This specialist chair has been replaced.</p>		
<p>Area for Improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A time bound action plan was submitted 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. This action plan was also reviewed during this inspection.</p>		
<p>Area for Improvement 6</p> <p>Ref: Regulation 27 (3) (a) (i)</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>All notices were laminated in respect of assisting with effective cleaning and the staff changing facility has been made comfortable with no inappropriate storage.</p>		

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 13 (7) Stated: First time	The registered person shall ensure that the programme of staff induction includes the adult safeguarding and whistleblowing policies.	Met
	Action taken as confirmed during the inspection: The programme of staff induction has been reviewed to include the adult safeguarding and whistleblowing policies.	
Area for Improvement 2 Ref: Standard 46 (2) Stated: First time	The registered person shall make good the flooring in the Primrose Suite and the amount of notices throughout the home which were not laminated.	Met
	Action taken as confirmed during the inspection: The flooring in the Primrose Suite has been completely replaced and all notices have been laminated.	
Area for improvement 3 Ref: Standard 9 (5) Stated: First time	The registered manager shall ensure that the genre of music played is keeping with patients' preferences.	Met
	Action taken as confirmed during the inspection: The genre of music played was in keeping with patients' age group and tastes.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of a sample record of staff recruitment found this was in accordance with legislation and standards. This record included the revised staff induction record, with included the adult safeguarding and whistleblowing policies. Discussions with three staff members confirmed their knowledge and understanding of these policies. Staff also said that they would feel comfortable about reporting any issues of concerns to the registered manager and responsible individual and felt that either would act positively with any such disclosure. A review of staff training records confirmed that all staff were in receipt of up-to-date training in adult safeguarding.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that there was enough staff on duty to meet the needs of the patients. Staff also said that since the recent recruitment of staff, resources had improved and they felt more confident and less anxious about their roles and duties.

It was 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.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Frailer patients were seen to be regularly attended to ensuring comfort and safety.

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.

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.

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. Staff were seen 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. One patient made the following comment about the food; "The food is grand. I like it very much."

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 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 patients' 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 patients' care needs and what or who was important to them.

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.

The clinical lead nurse explained that they were auditing the care reviews with each patient so as to ensure these were up-to-date. If a care review was in need of updating, the clinical lead then contacted the aligned health care professional so to arrange this. This is good practice.

5.2.3 Management of the Environment and Infection Prevention and Control

Considerable work had been put in place to replace the ground and second floorings, as well as paint work redecoration. The manager reported that the first floor flooring was also to be replaced. The effect of this work was good and this also received positive feedback from patients and staff. There were areas of the home that were dated and tired in appearance but these areas were fit for purpose and there was good evidence of programme of upgrading in place.

The home was clean, tidy with no patient areas of clutter. One member of staff discussed the cleaning schedules and housekeeping arrangements. This member of staff said that she was arranging a meeting with the responsible individual to discuss these and felt that their ideas and issues would be acted on positively. This is good practice.

Patients' bedrooms were personalised with items important to the patient.

Fire safety measures were in place with regular and up-to-date fire safety checks in the environment. All staff had received up-to-date training in fire safety and fire safety drills.

There was evidence that The Graan Abbey had systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) 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.

Visiting arrangements were managed in line with the Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Patients

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

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. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff said that they 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 commented positively about the management team and described them as supportive, approachable and always available for guidance.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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 patients, their representatives, the Trust and RQIA. Review of a sample of two of these reports found these to be appropriately maintained.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Heather Lyttle, Registered Manager and Mrs Carol Kelly, the Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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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