



The **Regulation** and
Quality Improvement
Authority

The Graan Abbey
RQIA ID: 1215
Derrygonnelly Road
Enniskillen
BT74 5PB

Inspectors: **Bridget Dougan and Raymond Sayers**
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**Unannounced Joint Inspection
of
The Graan Abbey**

07 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced joint care and estates inspection took place on 07 July 2015 from 14.00 to 17.00.

This inspection was underpinned by **Standard 48 – Fire Safety**

Overall on the day of inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, one area for improvement was identified and is set out in the Quality Improvement Plan (QIP) within this report.

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

1.1 Actions/Enforcement Taken Following the Last Care Inspection

On 16 June 2015, one Failure to Comply Notice was issued under Regulation 14 (5) of The Nursing Homes Regulations (Northern Ireland) 2005 (in respect of restrictive practices).

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	1	0

The details of the QIP within this report were discussed with the, Ms Martina McGuinness, Manager and with Mr and Mrs McCaffrey, Home Owners, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Carewell Homes Ltd Mrs Carol Kelly	Registered Manager: Ms Martina McGuinness
Person in Charge of the Home at the Time of Inspection: Ms Martina McGuinness	Date Registered: Registration pending
Categories of Care: NH-I, NH-PH, NH-DE, NH-MP, NH-MP(E), NH-LD, RC-I, RC-PH, RC-MP, RC-MP(E)	Number of Registered Places: 86
Number of patients accommodated on day of inspection: 72	Weekly Tariff at Time of Inspection: Nursing - £581.00 Residential - £461.00

3. Inspection Focus

The inspection sought to determine if the following standard had been met:

Standard 48 – Fire Safety

4. Methods/Process

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

- discussion with the manager
- discussion with the home owners, Mr and Mrs McCaffrey
- review of a sample of six patient care records
- staff training records
- duty rotas
- fire safety risk assessment
- personal emergency evacuation plans (PEEPs)
- observation during an inspection of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan.

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 04 June 2015. The completed QIP had not been returned at the time of this current inspection.

This inspection did not assess progress with the issues raised during and since the previous inspection. These will be followed up at a future inspection.

5.2 Standard 48 – Fire Safety

A fire safety policy and procedure for the protection of patients, staff and visitors was in place. Discussion with six staff confirmed that they were knowledgeable regarding this policy and procedure.

A sample of training records evidenced that all staff had completed fire awareness training in May and June 2015. Further training was planned for 20 July 2015. One fire drill had been completed by all staff on 03 July 2015, with a further fire drill planned 20 July 2015.

There was evidence of a current fire risk assessment and fire management plan that was revised and actioned when necessary or whenever the fire risk has changed. Discussion with Mr McCaffrey confirmed that the fire risk assessment would be reviewed by an accredited fire risk assessor in September 2015.

The personal emergency evacuation plans (PEEPs) for all patients were reviewed and evidenced details of the procedure to be followed in the evacuation of the premises in case of fire. The emergency plan for one unit included a patient who was in hospital. The responsible person must ensure that the emergency plan is kept up to date to reflect the number of patients currently accommodated.

The type of assistance and equipment required for the evacuation of each patient was included in the PEEPs. Review of a sample of six patients care records confirmed that appropriate needs assessments, including dependency levels and moving and handling assessments had been considered in the development of each PEEP.

There was evidence within the care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Duty rotas were reviewed for weeks commencing 06, 13 and 20 July 2015 and confirmed that there was an adequate number of staff available at all times for supervising and controlling the operation of the emergency plan.

Areas for Improvement

The responsible person must ensure that the emergency evacuation plan reflects the number of patients currently accommodated.

Number of Requirements	1	Number Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Martina McGuinness and Mr and Mrs McCaffrey as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 27.(4) (a) Stated: First time To be Completed by: 07 July 2015	The responsible person must ensure that the emergency evacuation plan is kept up-to-date and reflects the number of patients currently accommodated		
	Response by Registered Person(s) Detailing the Actions Taken: The emergency evacuation plan is updated daily to reflect the number of patients currently in house.		
Registered Manager Completing QIP	Martina McGuinness	Date Completed	18/08/15
Registered Person Approving QIP	Carol Kelly	Date Approved	18/08/15
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	19/08/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address