



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: The Graan Abbey
Establishment ID No: 1215
Date of Inspection: 17 June 2014
Inspector's Name: Heather Moore
Inspection ID: 18088

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	The Graan Abbey
Address:	Derrygonnelly Road Enniskillen BT74 5PB
Telephone Number:	028 6632 7000
E mail Address:	graanabbey@yahoo.co.uk
Registered Organisation/ Registered Provider:	Carewell Homes Ltd Mrs Carol Kelly
Registered Manager:	Mrs Mary Reid
Person in Charge of the Home at the Time of Inspection:	Mrs Mary Reid
Categories of Care:	NH-I, NH-PH, NH-DE, NH-MP, NH-MP(E), RC-I, RC-PH, RC-MP, RC-MP(E)
Number of Registered Places:	86
Number of Patients/Residents Accommodated on Day of Inspection:	71-Patients 15- Residents
Scale of Charges (per week):	£581.00 - Nursing £461.00 - Residential
Date and Type of Previous Inspection:	28 January 2014 Secondary Unannounced
Date and Time of Inspection:	17 June 2014: 08.15 hours - 13.00 hours
Name of Inspector:	Heather Moore

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

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

- Discussion with registered provider
- Discussion with the registered manager
- Discussion with staff
- Discussion with patients/residents individually and to others in groups
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 30 - STAFFING

The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

The Graan Abbey Private Nursing Home is situated in its own grounds off the main Enniskillen / Derrygonnelly Road in Co. Fermanagh.

The home comprises of two units;

The Inishview Unit comprises of 39 single en-suite bedrooms. There is one main sitting room, kitchen and dining room, bathroom, shower and toilet facilities, a nurses' station, a laundry, a designated smoking area for patients and residents, a staff room and treatment room.

The Cloisters Unit comprises of 35 single and six double en-suite bedrooms. There are a number of sitting rooms, quiet room, main kitchen, dining room, bathrooms, toilets, nurses' station, laundry, and staff accommodation.

The Inishview and Cloisters Units were re-registered on the 13 June 2013 as one registration.

The home is registered in the following categories of care:

Nursing-I &PH -	44 patients
Nursing- DE -	20 patients (Primrose Unit)
Nursing –MP&MP (E) -	seven patients
Residential-MP&MP (E) -	six residents
Residential-I &PH -	nine residents

The grounds around the home are beautifully landscaped and provide secluded secure areas to enable patients and residents to relax in tranquil surroundings.

There are adequate car parking facilities at the front of the home.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to The Graan Abbey. The inspection was undertaken by Heather Moore on Tuesday 17 June 2014 from 08.15 hours to 13.00 hours.

The main focus of the inspection was to examine Standard 30 of the DHSSPS Nursing Homes Minimum Standards- Staffing.

The requirement and recommendations made as a result of the previous inspection were also examined. One requirement and three recommendations were fully addressed.

During the course of the inspection the inspector met with 10 patients and residents individually and with others in groups. The inspector also met with 10 staff.

The inspector observed care practices, examined a selection of records and undertook an inspection of a number of areas throughout the home.

Mrs Mary Reid, Registered Manager was in charge of the home throughout the inspection process. Feedback was provided at the conclusion of the inspection to the registered manager and to Mrs Carol Kelly Registered Provider.

Inspection of a sample of staff duty rosters, observation on the day of inspection and discussion with a number of staff confirmed that registered nurses and care staff staffing levels

were satisfactory and in accordance with the RQIA's recommended minimum staffing guidelines.

Discussion with staff and inspection of the staff duty rosters revealed that two part time activity therapists are rostered 31 hours per week considering the home has also a 20 bedded dementia unit. A recommendation is made that these staffing levels are reviewed and increased to meet the patient's and resident's needs.

The inspector spoke to 10 patients and residents individually and to others in groups examples of their comments are cited in ref 6.2 Section 6. (Additional Areas Examined)

The inspector examined three patients and residents care records, inspection confirmed a satisfactory of documentation

The inspector spoke to 10 staff members during the inspection process these staff spoke positively in regard to the staffing levels in the home. These comments are cited in ref 6.4 Section 6. (Additional Areas Examined)

Inspection of three registered nurses and three care staff personnel files confirmed that these staff files were maintained appropriately. However examination of three registered nurses competency and capability assessments revealed that two of these assessments required to be reviewed and updated. A requirement is made in this regard.

Staff training including mandatory training is on-going in the home.

The inspector undertook a tour of the home and viewed a number of patients/residents bedrooms, sitting areas dining rooms and bathroom and toilet facilities. The premises presented as clean, warm and comfortable. However during the tour of the premises it was revealed that boxes of disposable gloves and aprons were placed on handrails in both units of the home. A requirement is made in this regard.

Conclusion

Two requirements and one recommendation are made as a result of this inspection. These requirements and the recommendation are addressed in the quality improvement plan (QIP).

The inspector would like to thank the patients, residents, registered provider, registered manager and staff for their assistance and co-operation throughout the inspection.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	12 (2) b	The registered person shall ensure that all aids and equipment used in or for the purpose of the nursing home is properly maintained and in good working order.	On the day of inspection it was noted that all aids and equipment used in or for the purpose of the nursing home was maintained and in good working order	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20.4	It is recommended that the home's first aiders be recorded on the staff duty rosters for all shifts over each 24 hour period.	Since the previous inspection an allocation work book has been developed, this book is recorded on a daily basis and the name of the home's first aider was recorded for each 24 hour period.	Compliant
2	20.2	It is recommended that emergency first aid equipment be also held in the Cloisters Unit for easy access by staff.	Since the previous inspection emergency equipment was held in the Cloisters unit for easy access by staff.	Compliant
3	20.4	It is recommended that practical assessments /competency records in cardiopulmonary resuscitation are held for registered nurses and care staff as appropriate.	Inspection of staff records confirmed that practical assessments/ competency records were held for registered nurses and care staff as appropriate.	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

Since the previous care inspection on the 28 January 2014 RQIA had received one notification of safeguarding of vulnerable adult (SOVA) incidents in respect of The Graan Abbey Private Nursing Home.

STANDARD 30 - STAFFING	
The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.	
Criterion Assessed:	COMPLIANCE LEVEL
30.1 At all times the staff on duty meet the assessed nursing care, social and recreational needs of all patients, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	
Inspection Findings:	
<p>Taking into account the duty rosters provided by the registered manager observation on the day of inspection and discussion with staff confirmed that registered nurses and care staff for day duty and night duty were in accordance with the RQIA's recommended minimum guidelines. However discussion with staff and patients revealed that there were two part-time Activity Therapists and one designated person who worked one day per week in providing activities in the home.</p> <p>Considering the bed occupancy of the home, and the additional dementia beds. A recommendation is made to review activity provision in the home, and to increase the hours to ensure patients and residents recreational needs are met.</p>	Substantially Compliant
Criterion Assessed:	COMPLIANCE LEVEL
30.2 The number and ratio of staff to patients is calculated using a method that is determined by and agreed with the Regulation and Quality Improvement Authority. Student nurses and volunteers working in the Home are not taken into account in overall staffing numbers.	
Inspection Findings:	
Discussion with the registered manager and review of a sample of staff duty rosters revealed that the number and ratio of staff is calculated using the Regulation and Quality Improvement Authority's recommendations for minimum staffing guidelines.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
30.3 The care staff team comprises nurses who are currently registered with NMC, and care assistants who have, as a minimum, NVQ level 2.	
Inspection Findings:	
Discussions with the registered manager confirmed that there were 15 staff with NVQ level 2 and seven with NVQ level 3. There are currently a number of staff undertaking NVQ levels 2, and 3, and one staff member is was	Compliant

undertaking level 4. Written evidence was provided on the day of inspection that care assistants were registered with the Northern Ireland social care council.	
Criterion Assessed: 30.4 There is a competent and capable nurse in charge of the home at all times.	COMPLIANCE LEVEL
Inspection Findings: In discussion with the registered manager she informed the inspector that all registered nurses who take charge of the home in her absence have had competency and capability assessments undertaken. Inspection of three registered nurses competency and capability assessments confirmed that two of these assessments required to be reviewed and updated. A requirement is made in this regard.	Substantially Compliant
Criterion Assessed: 30.5 Administrative and ancillary staff are employed to ensure that standards relating to food and meals, transport, laundry, cleaning and maintenance of the premises and administration are fully met.	COMPLIANCE LEVEL
Inspection Findings: Domestic, catering, maintenance and administrative staffing levels were noted to be adequate.	Compliant
Criterion Assessed: 30.6 Records are kept of all staff that includes name, date of birth, previous experience and qualifications, starting and leaving dates, posts held and hours of employment.	COMPLIANCE LEVEL
Inspection Findings: In discussion with the registered manager and review of six staff personnel files revealed that this element of the standard was addressed.	Compliant
Criterion Assessed: 30.7 A record is kept of staff working over a 24 hour period and the capacity in which they were working.	COMPLIANCE LEVEL
Inspection Findings: During the inspection it was revealed that duty rosters were available for all staff in the home. These rosters are signed on a weekly basis by the registered manager of the home to confirm that the hours highlighted on these rosters were actually been worked by staff.	Compliant

<p>Criterion Assessed: 30.8 Time is scheduled at change of shifts for handover reports to be given on patient care and other areas of accountability.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>In discussion with the registered manager and perusal of a sample of staff duty rosters revealed that handover reports are provided at the end of each shift and these handover periods are highlighted on staff rosters.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.9 Staff meetings take place on a regular basis, and at least quarterly. Records are kept which include: -</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed. 	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that staff meetings are held at least quarterly and on occasions more often if issues arise that require to be discussed.</p>	<p>Compliant</p>
<p>Perusal of the minutes of these meetings revealed that the dates of meetings, the names of staff attending and minutes of discussions and any actions agreed were recorded in the minutes of these meetings.</p>	

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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5.0 Additional Areas Examined

5.1 Care Records

Inspection of three patients/residents care records revealed a satisfactory standard of documentation.

5.2 Patients/ Residents Comments

During the inspection the inspector spoke to 10 patients and residents individually and to others in groups. These patients and residents expressed high levels of satisfaction with the standard of care, facilities and services.

Examples of patients' and residents' comments were as follows:

"It's very good here."

"Food is very good."

"The staff are all very kind."

"Everybody here are good and kind."

5.3 Staff Comments

During the inspection the inspector spoke to 10 staff.

Examples of staff comments were as follows:

"I think the staffing here is alright."

"I am happy working here everyone gets on well."

"The patients are all well looked after."

5.4 Care Practices

During the inspection the staff were noted to treat the patients and residents with dignity and respect.

Patients and residents were well presented with their clothing suitable for the season.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

5.5 Environment

The inspector undertook a tour of the home and viewed a number of bedrooms, sitting areas, dining rooms, and bathroom and toilet facilities.

The premises presented as clean warm and comfortable.

However during a tour of the premises it was observed that boxes of disposable gloves and aprons were placed on hand rails in both units of the home. A requirement is made in this regard.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Carol Kelly Registered Provider and Mrs Mary Reid, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS**



Quality Improvement Plan

Unannounced Secondary Inspection

The Graan Abbey

17 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Carol Kelly, Registered Provider and Mrs Mary Reid, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (3)	The registered person shall ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in her absence. Ref: 30.4	One	All the nursing staff are currently completing the Competency and Capability Assessment in the new format. It is envisaged that this will be completed within one month.	One week
2	13 (7)	The registered person shall ensure that disposable gloves and aprons are stored appropriately. Ref: 5.4 Section 5 (Additional Areas Examined)	One	Currently our supplier has fitted a number of glove and apron holders and is awaiting further supplies to complete the job.	One week

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30.1	<p>It is recommended that the Activity Therapists hours are reviewed and increased to ensure that the patients receive adequate stimulation to improve their mental health needs.</p> <p>Ref: 30.1</p>	One	Activity hours have been increased to 66 hours per week incorporating all units	One Month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Mary Reid
Name of Responsible Person / Identified Responsible Person Approving Qip	Carol Kelly

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Moore	23 July 2014
Further information requested from provider			