



Unannounced Care Inspection Report 29 September 2020



The Grann Abbey

Type of Service: Nursing Home (NH)
Address: Derrygonnelly Road, Enniskillen
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Inspector: John McAuley

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide care for up to 61 patients.

3.0 Service details

Organisation/Registered Provider: Carewell Homes Ltd. Carol Kelly Responsible Individual(s): Insert name	Registered Manager and date registered: Heather Lyttle 21 October 2019
Person in charge at the time of inspection: Heather Lyttle	Number of registered places: 61 comprising of; 31 patients I and PH 20 patients DE 10 patients MP and MP(E) 1 named resident RC-DE
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.	Number of patients accommodated in the nursing home on the day of this inspection: 40 plus 3 patients in hospital

4.0 Inspection summary

An unannounced inspection took place on 29 September 2020 from 10.00 to 14.50.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection prevention and control (IPC)
- Care delivery
- Fire safety
- Staff training
- Governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Heather Lyttle, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 24 patients and 12 members of staff. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. 'Have we missed you cards' were also placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection: duty rota, professional registration audits, IPC records and audits, fire risk assessment and fire safety records, care records, staff training records, monthly monitoring records, accident and incident report and quality assurance audits.

The findings of the inspection were provided to the Heather Lyttle, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 3 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(3) Stated: First time	The registered person shall ensure safe moving and handling training is embedded into practice. This area of improvement is made with specific reference to the use of footplates for the transfer of patients.	Met
	Action taken as confirmed during the inspection: All wheelchairs observed during this inspection had footplates in situ including when being used to transfer patients.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that nursing staff record a meaningful evaluation of care delivered in relation to wound care.	Met
	Action taken as confirmed during the inspection: An inspection of care records and audits pertaining to wound care found these to be recorded well.	
Area for improvement 2 Ref: Standard 11 Stated: First time	The registered person shall ensure individual activity assessments are completed for all patients. These should inform a person centred plan of care which is reviewed as required. Daily progress notes should reflect patient's activity provision. Activities provided in the home should be reviewed at least twice a year.	Met
	Action taken as confirmed during the inspection: Activity records and evaluations were well recorded in a person centred basis with ongoing review.	

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The

manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence. Professional registration checks with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) were maintained on a monthly basis.

Staff spoke positively about their roles and duties, staffing, managerial support, teamwork and morale. Staff stated that they felt patients received a good standard of care and were treated with respect and dignity.

Care duties were attended to in an unhurried organised manner with evidence of good team working and support amongst staff members. Staff had good knowledge and understanding of patients' needs and preferences.

6.2.2 Safeguarding patients from harm

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

Learning from such was also discussed with the manager, who gave good assurances from this respect.

6.2.3 Environment

The home was clean and tidy throughout with a good standard of décor and furnishings. Patients' bedrooms were comfortable and tastefully furnished. Communal areas were spacious, comfortable and nicely furnished. Bathrooms and toilets were clean and hygienic.

Two radiators in a veranda and one in a corridor were excessively hot too touch and posed a risk if a patient were to fall against its surface. An area of improvement has been made with this regard.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

6.2.5 Fire safety

The home's most recent fire safety risk assessment was dated 28 January 2020. There were no recommendations made from this assessment.

Fire safety checks on the environment were maintained on a regular and up-to-date basis, as was fire safety drills. Fire safety training for staff was not up-to-date and updates of this training had been delayed due to the COVID-19 pandemic. This has been identified as an area of improvement.

6.2.6 Care practices

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. Staff were attentive to patients' needs and any expression of assistance were promptly responded to by staff. Consent was sought in assistance with personal care with statements such as "Would you like to." and proposed tasks were explained.

Patients were cared for in one of the three communal lounges or their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate.

Feedback from patients in accordance with their capabilities was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- "Everything is good here. No problems."
- "I am very happy here. There isn't a single thing wrong. The staff are lovely and kind."
- "All's fine. No worries."
- "It couldn't be better. No complaints."
- "It's a 100% here. That nurse there is fantastic but so is all the staff. The food is very good."
- "I really am very happy here. I am not just saying it to you. They couldn't be any better. They are all lovely and kind and the food is great too. I picked the right home coming here."

Those patients who were unable to articulate their views, confirmed via non-verbal cues and body language that they were happy with the home and their relationship with staff.

Patients were relaxed and enjoyed pastimes of choice such as company of staff or one another, television, reading or relaxing. A planned programme of activities was facilitated in the afternoon for patients to participate in if they wished.

6.2.7 Dining experience

Observations of the supervision and assistance with the dinner time meal found that this was undertaken in a kind, caring manner with patients' individual needs being catered for. The

dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for. Patients were assisted in an unhurried, organised manner which was calm and conducive to the meal being enjoyed.

Patients commented positively throughout this inspection on the provision of meals, both in terms of quality and choice. One patient gave praise that he particularly thought it was good that the cook sought patients' views and comments on the meals on a regular basis.

6.2.8 Care records

An inspection of a sample of four patients' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an assessment of needs, life history, risk assessments and care plans.

Care needs assessment, care plans and risk assessments, such as, safe moving and handling, nutrition, falls, and wound care were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need and effect(s) of same.

The care records also reflected the multi-professional input into the patients' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual patients.

The records inspected had evidence of patient/representative consultation in the care planning and review process, by signatures of participation.

Audits of care records were completed on a regular basis and evidenced good governance in respect to adherence to legislation and standards. This is good practice.

6.2.9 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose. The manager assisted in this inspection with competence and good knowledge of her role and responsibilities.

The two most recent monthly monitoring reports on the behalf of the responsible individual were inspected. These reports were recorded in good detail with good evidence of governance arrangements.

Records of complaints were well maintained with good evidence that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident reports from 1 April 2020 was undertaken. These events were found to be managed and reported appropriately and audited on a monthly basis to identify any trends or patterns.

The matrix of mandatory and additional training received by staff was maintained on an on-to-date basis. Analysis of this found that staff training was being well maintained other than fire safety training and there was good governance in place to address any deficits.

A selection of audits was inspected in relation to: accidents and incidents, care records, hand hygiene and IPC and pressure care. These were completed regularly and any areas for improvement were identified and addressed.

Areas of good practice

Areas of good practice were found in relation to staffing, teamwork, feedback from patients and staff, the pleasant atmosphere and ambience of the home and governance.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to risk assessing radiators/hot surfaces and ensuring staff are in receipt of up-to-date training in fire safety.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3 Conclusion

Patients were comfortable, content and at ease in their environment and interactions with staff. Care duties and tasks were organised in an unhurried manner and staff were attentive to patients' needs in a kind, caring manner. Positive feedback was received throughout this inspection from both patients and staff.

The two areas of improvement identified received good assurances from the manager that these would be duly and promptly acted on.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Lytle, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 29 October 2020	The registered person shall risk assess all radiators/hot surfaces in accordance with current safety guidelines with subsequent appropriate action. Ref: 6.2.3 Response by registered person detailing the actions taken: The area identified is undergoing refurbishment and radiator covers are being fitted as part of this work.
Area for improvement 2 Ref: Regulation 27(4)(e) Stated: First time To be completed by: 29 October 2020	The registered person shall ensure all staff are in receipt of up-to-date training in fire safety. Ref: 6.2.5 Response by registered person detailing the actions taken: All identified staff have now completed a fire training update

Please ensure this document is completed in full and returned via Web Portal



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