



Unannounced Care Inspection Report 6 November 2019



The Graan Abbey

Type of Service: Residential Care Home
Address: Derrygonnelly Road, Enniskillen, BT74 5PB
Tel No: 028 6632 7000
Inspector: Laura O'Hanlon

www.rqia.org.uk

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 27 residents.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Carol Kelly | Registered Manager and date registered: Heather Lyttle – 21 October 2019 |
| Person in charge at the time of inspection: Heather Lyttle | Number of registered places: 27 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category 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 | Total number of residents in the residential care home on the day of this inspection: 14 |

4.0 Inspection summary

An unannounced inspection took place on 6 November 2019 from 09.45 to 15.30.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction and training, the culture and ethos of the home and communication between the staff and the residents.

There were no areas requiring improvement identified at this inspection.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Heather Lyttle, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 26 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedules
- one staff recruitment and induction record
- three residents' records of care
- complaint records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate

- supervision and appraisal planners
- staff competency and capability assessments
- fire safety records
- NISCC professional registration checks

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 26 February 2019

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 (2) Stated: Second time | The registered person shall risk assess all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action. | Met |
| | Action taken as confirmed during the inspection: Observations during the inspection confirmed that free standing wardrobes were secured to the wall. | |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 6.2 Stated: First time | The registered person shall ensure that guidance and recommendations provided by dieticians and SALT is reflected within the individual resident's care plans and associated risk assessments. | Met |
| | Action taken as confirmed during the inspection: A review of three care records confirmed that guidance and recommendations provided by dieticians and SALT was reflected within the individual resident's care plans and associated risk assessments. | |

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The atmosphere in the home was warm and relaxed with staff assisting and talking with residents in a friendly and respectful manner. Throughout this inspection residents told us they felt safe in the home and that they were well cared for. Residents also advised that staff attended to their needs in caring and kind manner.

Staffing and recruitment

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. The manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels in the home.

We saw that competency and capability assessments were in place for staff in charge of the home in the manager's absence.

Two staff recruitment records were reviewed and maintained to a good standard containing all the necessary documents. Staff told us they completed an induction relevant to their roles and responsibilities.

The manager explained that care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Records available in the home confirmed this.

Staff supervision, appraisal and training

Discussion with the staff confirmed that they felt supported in their roles. Staff stated that they could approach the manager at any time and any issues would be managed in a professional manner.

We saw that the manager had a system in place for managing staff supervision and appraisal in accordance with the requirements.

A programme of staff training was in place. This included mandatory training and additional training areas to meet residents' assessed needs, such as training in dysphagia and the use of thickening agents. Staff spoke positively about the provision of training.

Safeguarding residents from harm

Staff training in adult safeguarding was included within mandatory training records. Staff shared a good knowledge of reporting mechanisms for raising concerns within the home. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse, even if the manager was not working in the home. The manager was able to describe how safeguarding referrals would be made to the trust and who to contact.

Management of falls

Review of records and discussion with the manager confirmed that The Falls Prevention Toolkit was used in the home. Records contained falls risk assessments and associated care plans which were reviewed on a monthly basis or more often if required. Appropriate action was recorded following a fall including referral to multi-disciplinary teams.

Environment

An inspection of the home was undertaken. Resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be odour free and clean. There was a warm atmosphere in the home. Corridors and communal areas contained displays which were meaningful to the residents.

Infection prevention and control (IPC)

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents and wearing appropriate protective equipment. Review of training records showed staff completed training in IPC. Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection and the importance of handwashing.

Fire safety

Walkways throughout the home were kept clear and free from obstruction. Review of fire safety records confirmed that regular checks of equipment were completed in the home and a fire drill was undertaken by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total numb of areas for improvement | 0 | 0 |

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home.

Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. For example, care plans referred to the updated dysphagia guidance. Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

Staff communication and teamwork

The staff confirmed that there was good communication and team work in the home. The staff reported that they all work together for the benefit of the residents. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings.

The staff advised that during the staff handovers any concerns or information is passed on in relation to the care and treatment of residents. At the handovers staff also agrees the delegated duties for the provision of care for each resident.

Effectiveness of care

Residents were well dressed in clean attire. Glasses and walking aids appeared in good working order. Staff were able to describe the individual needs of residents and how these would be met in the home.

The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day. Residents spoken with confirmed they were happy with the food provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

Compassionate care

In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Observations of staff during the inspection found that they were reassuring to residents and acted in a caring manner.

On the day of the inspection a number of the residents were engaged in activities. Some residents were completing a word search; others were assisting with a large jigsaw, while some residents were quietly reading the daily papers. The activity therapist chatted individually to the residents and was knowledgeable in regards to their individual interests. During the inspection the activity therapist accompanied a resident in gathering twigs as this was part of their arts and crafts project.

Some comments made by residents included:

- "I am happy in here."
- "I am content in here."
- "I feel safe in here."
- "The food is good I always get a choice of meals."
- "I like doing the puzzles with the activity therapist."
- "I am happy in here and well looked after. I have a good relationship with the staff. My room is clean and well maintained. The staff are very attentive."
- "I have no complaints."
- "I get my papers all the time."
- "There is always something going on, we painted the leaves for autumn."
- "The staff are all kind."

Comments made on returned questionnaires from residents and relatives were:

- “Standards of care are excellent. Staff are very friendly and nothing is too much trouble and they really go above their duty of care to the resident. Food is fantastic and all home made to a high standard.” (relative)
- My relative is very content and happy in the Graan and this means a lot to me. She is well cared for and has lots of company when she needs it.” (relative)
- “Everything is brilliant; great staff.” (resident)
- “At present everything is excellent with regard to my care. No complaints, concerns or issues, I am more than happy.” (resident)

Staff comments included:

- “I have no concerns; the residents are well looked after. There is plenty of staff on duty. There is plenty of good food provided.”
- “Safe care is provided here. The residents are well looked after. The manager is very approachable, supportive and takes everything in her stride. The activities coordinator has been a fantastic asset to the home.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing resident and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There is a clear management structure within the home and the manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable. All interaction between the manager and staff was relaxed and team work was evident.

Management and governance arrangements

The manager retains oversight of the home. The manager confirmed that she undertakes a daily walk around and listens to staff handovers to ensure she is aware of what is going on in the home.

A system and planner of audits was in place in the home. Examples of such audits included; care files, falls, accidents/incidents and mattresses. Where there were areas for improvement identified, actions plans were in place with timeframes.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visits dated 29 October 2019, 24 September and 14 August 2019 were reviewed. These reports found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Management of accidents/incidents

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Management of complaints/compliments

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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