



Unannounced Follow Up Care Inspection Report 10 May 2019



Weavers House Residential Care Home

Type of Service: Residential Care Home

Address: 40 Moneymore Road, Cookstown, Tyrone BT80 8EH

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Inspector: Laura O'Hanlon

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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 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 47 residents. The residential home is accommodated on the first and second floor and there is a nursing home located on the ground floor.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Stephanie Shannon Registration Pending
Person in charge at the time of inspection: Stephanie Shannon	Number of registered places: 47 A maximum of 23 residents in RC-I category and a maximum of 24 residents in RC-DE category.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 41

4.0 Inspection summary

An unannounced inspection took place on 10 May 2019 from 10.20 to 16.10.

This inspection of the residential home was undertaken by the care inspector and an inspection was also undertaken by a nursing inspector to the nursing home at the same time. This will be reported under separate cover.

This inspection was undertaken following whistleblowing information received by RQIA in relation to care practices, management of falls, the staffing and the management arrangements in the home. Some of these concerns were referred to the regional operations manager for further investigation and RQIA were informed of the outcome.

Although RQIA do not investigate adult safeguarding referrals, RQIA will take the necessary action to ensure that the home operates safely and that the home follows safeguarding procedures and outcomes.

The following areas were examined during the inspection:

- management arrangements
- care practices
- management of falls
- staffing arrangements

The concerns raised were unsubstantiated.

Due to the focus of this inspection, areas for improvement in respect of previous estates, finance or pharmacy inspections were not reviewed.

Evidence of good practice was found in relation to compassionate interactions and staffs' attentiveness and knowledge of their residents' needs. We observed that the daily routine was relaxed and provided residents with choice. Staff spoke positively of the new management arrangements in the home and reported that the current manager was accessible and approachable.

There were new areas requiring improvement identified in relation to the duty rota, accidents and incidents, falls management, staffing and the environment.

Residents described living in the home as being a good experience and advised that they felt safe in the home. Residents unable to voice their opinions presented as relaxed and comfortable. Staff interactions were pleasant and positive.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*3

*The total number of areas for improvement include one area which has been stated for a second time and two areas which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with the acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 17 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 January 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; registration information; notifications 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
- three residents' records of care
- accident/incident records
- a sample of reports of visits by the responsible individual
- RQIA registration certificate

Two areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met. Two further areas for improvement identified at the last care inspection were carried forward to the next care inspection.

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 17 January 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 20 (1) (a) Stated: First time	The registered person shall ensure that a comprehensive review of the staffing arrangements is undertaken so that the planned staffing levels can be maintained.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff on duty confirmed that a review of the staffing levels was undertaken. This included reassessment of a number of residents to nursing care which has resulted in stable staffing arrangements.	

Area for improvement 2 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure that competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that care plans fully reflect the care needs of the residents.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the duty roster accurately reflects the staff working in the home and that the manager's hours are recorded.	Partially met
	Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that the manager's hours were recorded. However it did not accurately reflect the staff on duty in the home. This area for improvement was stated for the second time.	

6.2 Inspection findings

6.2.1 Management Arrangements

On arrival to the home we were informed that the manager was the person in charge of the home on that day. The manager had recently taken up post in February 2019. The manager was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. An application to become the registered manager has been submitted to RQIA.

The staff commented that the management arrangements were stable and that the overall situation in the home was much improved. The staff advised that they felt supported in their role and that the manager was approachable, should they have any concerns to escalate. The manager explained that they received good support from the regional operations manager. Review of the duty rota confirmed that the manager's hours were recorded.

An unannounced visit was completed monthly on behalf of the responsible person to check the quality of the services provided in the home. The reports of these visits included the views of residents, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

6.2.2 Care Practices

We saw that the residents were well presented and appropriately dressed. Discussion with the residents, staff and observations during the inspection confirmed that personal care provision was provided at least daily or more often if necessary. Staff were observed offering assistance and support to residents as required. The residents advised that every effort was made to protect their dignity and they were treated with respect.

Discussion with the manager confirmed that there was a recent infectious outbreak in the home. The manager further advised that the relevant agencies were informed of the outbreak; public health agency, RQIA and the trust. While this was a difficult time during the outbreak the manager reported that it was appropriately managed.

Residents were seen to be comfortable and relaxed in the home through the inspection. There were positive and discreet interactions observed between the residents and staff. Call bells were answered promptly and residents reported that if they wanted anything it would be provided.

There was an occasion where a resident had spilled their tea. When this was brought to the attention of staff, this was addressed promptly and the resident was made comfortable. Discussion took place with the manager to review the eating and drinking arrangements for this resident as alternative equipment may be required. The manager agreed this would be undertaken.

6.2.3 Management of falls

Care staff confirmed that they used a falls prevention toolkit. The staff spoken with, were knowledgeable of the process and action required in the event of a fall and the home was observed to be free from clutter and hazards. However there were deficits identified in regards to the consistent management of falls. It was noted in the care records reviewed where there were inconsistencies for example; body maps were not always completed, care plans and falls risk assessments were not consistently reviewed following a fall. The fall was not accurately detailed in the daily recordings.

In addition it was not evident where the next of kin and trust key worker was informed of the fall. This is further discussed later in the report. We spoke with the manager and advised of the significance of a consistent approach to the management of falls and the need to ensure that the home's internal protocol was followed. This was identified as an area for improvement to ensure that the policy and procedure in regards to falls management is adhered to.

6.2.4 Staffing arrangements

Staff on duty confirmed that there were adequate staffing levels maintained in the home in order to meet the needs of the residents. The staff reported that following the appointment of the manager; the staffing arrangements had improved and stabilised. This is welcomed. The staff further advised that there was good teamwork in the home and that at times of difficulty they all worked together.

We looked at the care staff rotas for the period 14 April to 11 May 2019 and confirmed that the staffing numbers identified were generally provided. An exception to this was during a recent infection outbreak when a number of unplanned changes needed to be made to the rota. This would not be unusual during outbreaks of infection when contingency measures are often required.

However the duty rota did not always accurately reflect the staff working in the home. One staff member hours were recorded on the rota for the day of the inspection, however this member of staff was not on duty. In addition there were times when it could not be determined from the duty rota if the planned staffing levels were being maintained. This was identified as an area for improvement to ensure that the manager has oversight of the staffing arrangements to ensure that improvements were made and sustained.

6.2.5 Additional Areas Inspected

Accidents and Incidents reports

A review of the reports of the accidents and incidents confirmed that the next of kin and the trust key worker were not consistently notified of the incident. One record of an incident was partially completed and the follow up action was not recorded. This was identified as an area for improvement to ensure that accident and incident reports are fully completed and the next of kin and trust key worker are notified of the incident.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. Bedrooms and bathrooms were personalised and there were no malodours. There were communal lounges for the use of residents along with space for activities and meetings. All fire exits were free from obstruction.

It was noted in a bedroom that there was a strong malodour. In addition in a communal area there was one sofa and two chairs that were in a poor state of repair and this made it difficult for the residents to get up safely. These matters were identified as an area for improvement to ensure they are addressed.

Residents Views

We met with approximately 27 residents. We were informed that they were happy with the care provided to them. Residents praised the food provision and advised that there was always a choice available. We observed that staff were communicating well with any residents who may sometimes be confused and in need of additional reassurance or support. Some residents' comments included:

- "I really like it in here. I feel safe. The food I get is really good."
- The staff are really good to me, I am very happy in here."
- "I am quite content, the staff are very dear to me."

Areas for improvement

The following areas were identified for improvement in relation to the duty rota, accidents and incidents, falls management, the environment and staffing.

	Regulations	Standards
Total number of areas for improvement	4	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephanie Shannon, acting 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 24 January 2019</p>	<p>The registered person shall ensure that competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 17 February 2019</p>	<p>The registered person shall ensure that care plans fully reflect the care needs of the residents.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2019</p>	<p>The registered person shall ensure that accident and incident reports are fully completed and the next of kin and trust key worker are notified of the incident.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Staff have been informed during staff meetings on 16/05/2019 and 05/08/2019 of the importance of accurate reporting and record keeping.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2019</p>	<p>The registered person shall ensure that the manager has oversight of the staffing arrangements in the home to ensure that improvements are made and sustained.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The staffing levels and current duty rotas have been amended to clearly reflect which staff are on duty and on which floor.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 17 May 2019	<p>The registered person shall ensure that the duty roster accurately reflects the staff working in the home and that the manager's hours are recorded.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Duty rota includes home manager's hours. Rota is amended to reflect who is working in the home on the given day.</p>
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 17 May 2019	<p>The registered person shall ensure that the policy and procedure in regards to falls management is adhered to.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Falls management and the recording and reporting of such have been discussed during staff meetings. Falls log are signed by home manager.</p>
Area for improvement 3 Ref: Standard 27.1 Stated: First time To be completed by: 30 June 2019	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • the identified items of furniture in a communal area are repaired or replaced. • Address the malodour in one identified bedroom <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Identified furniture has been removed. Bedrooms are deep cleaned as necessary.</p>

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



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