

Inspection Report

10 October 2023



Weavers House Residential Care Home

Type of service: Residential Care Home
Address: 20 Gallion Glen, Cookstown, Tyrone, BT80 8EQ
Telephone number: 028 8676 7684

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Kathryn Homes Ltd</p> <p>Responsible Individual: Ms Tracey Anderson</p>	<p>Registered Manager: Miss Andrea Harkness</p> <p>Date registered: 12 June 2020</p>
<p>Person in charge at the time of inspection: Ms Gabriela Ciurea, acting manager as of 8 October 2023.</p>	<p>Number of registered places: 47</p> <p>A maximum of 23 residents in RC-I category and a maximum of 24 residents in RC-DE category. 1 named resident in category RC-PH</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 41</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 47 residents. The home is divided in two units; the first floor accommodates 23 persons with frail elderly needs and the second floor accommodates 24 persons who are living with dementia</p> <p>There is a Nursing Home located on the ground floor and the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 October 2023 from 10.00am to 4.20pm by two inspectors.

RQIA received information which raised concerns about the management of nutritional needs, mealtimes and choices for residents. In response to this; this inspection focused on nutritional care and assessment; the mealtime experience and the level of support available; choices available to residents and the records maintained in the home in relation to nutrition.

The inspection also assessed progress in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be welcoming, clean and free from odours. Staff were observed to be friendly and approachable. The corridors and communal areas were festively decorated in preparation for Halloween and there was evidence displayed of activities completed.

Residents were observed to be relaxed in their surroundings and at ease in their interactions with staff. The residents were involved in activities of their choice throughout the day.

The mealtime experience was calm and organised. Residents were offered choices and support was readily available from staff. The nutritional needs of the residents were found to be met.

Staff were found to be knowledgeable of the needs of individual residents, and were observed to be compassionate and caring in their interactions with residents.

No areas requiring improvement was identified during this inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoke positively about their experience of life in this home. They referred to the care provision as “good” and “great.” Residents described the staff as helpful and “they couldn’t do enough for you.” The residents praised the food provision and confirmed that there was always a choice available. Residents were able to move around freely with support readily available from staff. Compassionate interactions were observed between staff and the residents. Residents stated there was always activities available to complete and this was noted during the inspection.

Staff were found to be dignified and respectful in their approach towards to residents. Staff advised that there was a good staff team in Weavers House Residential Care Home and they all helped each other. Staff stated that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff commented that the manager was very approachable and supportive to them.

Relatives spoken with during the inspection reported that their relative was well cared for and commented that staff were very accommodating towards their loved one.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Weavers House Residential Care Home was undertaken on 31 May 2023 by a pharmacy inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager’s hours were recorded. Staff said there was enough staff on duty to meet the needs of the residents. Staff reported that there was good team work and that they felt well supported in their role.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Arrangements were in place to ensure that staff appraisals and supervision were completed.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with, reported that staff were responsive to their needs and did not express any concerns in seeking support from staff reporting: "It's great in here" and "I feel very safe."

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff also attend a daily flash meeting during the day to ensure updates are communicated and appropriate action taken, where required. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Examination of records confirmed that the risk of falling and falls were well managed.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff were observed assisting residents with meals where required. Residents received assistance in preparing for meals; to mobilise to the dining room and assistance with clothing protectors, if needed. The dining room was comfortable and calm. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff advised alternative choices/altered meal requests were easily accessible from the kitchen. Menus cycles rotate and the menu for that day was displayed for residents detailing breakfast, lunch, evening meal and snack options.

Protected meals times were in place to allow residents time to enjoy their meals without non-essential interruption. Posters highlighting a food and drink safety pause were displayed in dining rooms reminding staff to pause before serving every meal, snack or drink to consider any

safety issues and to escalate any concerns to the meals time coordinator. A meals time coordinator was in place to oversee the safety pause implemented and ensure that resident's mealtime requirements were met.

Observations confirmed that staff complied with speech and language therapy (SALT) recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

Mechanisms were in place to ensure staff were aware of resident specific dietary needs for example modified diet/fluid requirements through staff handovers and care records. Staff were aware of how to escalate any eating/drinking or weight loss concerns to other professionals and were aware of the correct referral pathways to Dietetics and SALT.

Resident dietary requirements, weight and preferred meals/snack and fluid choices were explored and documented in the care records on admission. A comprehensive nutritional risk assessment and malnutrition universal screening tool (MUST) assessment was completed monthly. Person centred care plans were in place and reflected resident's meal choices, likes and dislikes, the need to ensure choice as available and the need for alternatives where required. Care plans also highlighted any changing nutritional concerns, any follow-up action and communication with health care professionals. In addition the chef met with residents following admission to the home to discuss their food choices and preferences.

Feedback was positive from residents and relatives in relation to meals provision. One relative explained that their family member had specific food preferences and staff were engaging to accommodate these.

In relation to all other aspects of care; initial assessments were completed on admission and care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Overall care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. It was noted during the inspection where one resident's care plan required to be completed to reflect the management of smoking. This was completed prior to the conclusion of the inspection.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm, clean and maintained to a good standard. Resident bedrooms were personalised and contained items which were important to them.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

Evidence was displayed throughout the home of activities completed with the residents such as autumnal crafts, pumpkins and other Halloween decorations.

Corridors and fire exits were clear from clutter and obstruction. Discussion with the manager confirmed that a review of the most recent fire safety risk assessment was completed last week and they were awaiting receipt of this. The manager further confirmed that no recommendations were made as a result of this assessment.

Throughout the home there was evidence of accessible personal protective equipment (PPE) and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct PPE and to adhere to the correct food hygiene and infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

During the inspection residents were involved in small group activities of preparing and painting pumpkins. The activity therapist was knowledgeable of the individual strengths and preferences for each resident in involving them in activities. This was evident in the displays in the home. This is to be commended.

Staff were observed sitting with residents in small groups and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

One resident stated, “there’s lots to do” when discussing opportunities for activities and interaction.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There had been a recent change in the management of the home since the last inspection. Ms Gabriela Ciurea is the manager of this home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was generally completed to ensure the necessary improvements were made.

An audit of mealtimes and the dining experience was completed regularly and evidenced good compliance with mealtime standards. Where follow up action was required the audit record was not always updated to reflect that the actions were completed. This was discussed with the manager and assurances provided that the record would be consistently completed for all mealtime and dining audits.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Gabriela Ciurea, manager and Andrea Harkness, regional manager, as part of the inspection process and can be found in the main body of the report.



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