



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 12 December 2019



Weavers House Residential Care Home

Type of Service: Residential Care Home

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

Tel No: 028 8676 7684

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 47 residents.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Andrea Harkness – acting no application required
Person in charge at the time of inspection: Andrea Harkness	Number of registered places: 47
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 12 December 2019 from 10.00 to 16.45.

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 and training, interactions between the staff and the residents, working relationships and teamwork in the home.

No areas requiring improvement were identified during this inspection.

Residents described living in the home as being a good experience/in positive terms.

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 Andrea Harkness, acting manager, as part of the inspection process and can be found in the main body of the report.

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
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/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 risk assessment
- NISCC professional registration checks

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 10 May 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 (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.	Met
	Action taken as confirmed during the inspection: A sample of two competency and capability assessments were reviewed and were satisfactorily maintained.	
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that care plans fully reflect the care needs of the residents.	Met
	Action taken as confirmed during the inspection: A review of three care records confirmed that care plans were reflective of the care needs of the residents.	
Area for improvement 3 Ref: Regulation 30 (1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the records of accident and incident reports confirmed that they were fully completed and the next of kin and trust key worker were notified of the incident.	

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and staff and review of the staff duty rota confirmed that manager has oversight of the staffing arrangements in the home.</p>	<p>Met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the duty roster accurately reflects the staff working in the home and that the manager's hours is recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that it accurately reflected the staff on duty in the home.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the policy and procedure in regards to falls management is adhered to.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three care records confirmed that staff adhered to the policy and procedure in regards to falls management.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<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 <hr/> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that the above matters were addressed.</p>	<p>Met</p>

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 throughout the day there was always sufficient staff to meet the needs of the residents and this was reflected in the duty rota. 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.

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 support

Discussion with the staff confirmed that they felt supported in their roles. Staff told us they felt supported in their role within the home and that they could approach the manager at any time.

A system was in place for managing staff supervision and appraisal in accordance with the requirements. Staff told us that they felt comfortable about reporting concerns to the manager.

Staff training

A programme of staff training was in place. This included mandatory training and additional training areas to meet residents' assessed needs. Staff spoke positively about the provision of training.

Safeguarding residents from harm

Staff shared a good knowledge of safe guarding procedures and could describe how to raise a concern even in the absence of the manager. 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 and falls clinics.

Environment

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal seating lounges were pleasantly furnished with comfortable seating. Residents' bedrooms were well equipped and personalised for each resident. Bathrooms and toilet facilities were clean and hygienic. Infection prevention aids and equipment were readily accessible.

Fire safety

Fire safety records and training confirmed that all staff had participated in fire safety drills. The home had a current fire risk assessment in place which was reviewed on 1 August 2019.

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 number 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.

Staff communication and teamwork

There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings, where concerns or information is passed on in relation to the care of residents. At the handovers staff agree the delegated duties for the provision of care for each resident.

Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. The records of assessments, care plans and risk assessments were 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. However we noted where there was some confusion in one care record regarding the guidance from the speech and language therapist. This was discussed with the manager and addressed immediately.

Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

Effectiveness of care

General observations of care practices throughout this inspection found that care was delivered in a person centred manner. For example, residents' comfort and social needs were facilitated by individual choice and wishes.

Residents were well groomed with clean fresh clothing. Glasses and walking aids appeared in good working order. Staff were able to tell us about the individual needs of residents and how these would be met in the home.

The lunch time meals were observed. Assistance and support was provided to residents where this was required. We could see that the portion sizes were good and there was a variety of drinks available. 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.

Staffing in the home is stable which is to be commended. Interactions between the staff were friendly and supportive. One staff comment was:

- "There is brilliant teamwork here; we all get along, we are hardworking and very supportive of each other."

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

Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Some preferred to enjoy the company of one another in a communal sitting room, others choose to relax or partake in pastimes of choice.

Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of residents' meals and snacks. We observed the serving of the main meal. We noted where staff used their communication skills to redirect and support residents to sit and have their meal in a compassionate manner.

Photographs were displayed of activities and events held in the home showing resident participation. The residents talked openly about the arts and crafts they had completed in the home and how much they enjoyed this activity. One resident was particularly keen to show the decorations that they had been making earlier. A number of residents were involved in knitting activities and were able to inform the inspector what they do with this, when it was completed.

During discussion with the activity therapist we were informed of all work that was completed earlier in the year, in the garden. The activity therapist also explained the plans in place to further develop the garden with the support of the residents. This is to be commended.

Some comments made by residents included:

- "I am content enough, there are some staff that are excellent."
- "I am happy enough. I feel safe in here."
- "I am very happy here, well cared for and I have no complaints."

One comment made by a relative was:

- "I have been very impressed with the staff. They are very gentle and encouraging. When we arrived in the home all of the staff introduced themselves to us."

Staff comments included:

- "We have a good staff team; everyone helps each other out. This is a really good home; everyone knows the residents well."
- "There is good care provided here. All the staff work well together. There are lots of activities in the home. There are enough staff on duty"
- "There are definitely enough staff on duty on this floor. There is good care provided and lots of activities all the time. We all get on well and work well together."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and the general observation of care practices and atmosphere in the home.

Areas for improvement

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

	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. Staff comments were:

- “The manager is supportive, proactive and approachable. She is always available and able to be contacted out of hours. The home has a relaxed and happy atmosphere. Everyone knows what they are doing.”
- “Things have improved significantly since Andrea came. She is very supportive and resident focused.”

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 of audits was in place in the home. Examples of such audits included; falls, infection prevention and control, accidents/incidents and residents weights. Where there were areas for improvement identified, these were tracked and actions plans were in place with timeframes.

The report of the visits undertaken by the provider’s representative dated 22 October 2019, 11 September 2019 and 14 August 2019 were reviewed. These reports confirmed good governance systems and robust action planning.

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 and maintenance of good working relationships.

Areas for improvement

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

	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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