



Unannounced Care Inspection Report 17 January 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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 47 beds that provides care for people living with dementia and older people.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Caron McKay (acting)
Person in charge at the time of inspection: Caron McKay	Date manager registered: Caron McKay - application received - "registration pending".
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 47

4.0 Inspection summary

An unannounced care inspection took place on 17 January 2019 from 10.00 to 16.45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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 induction, staff training, management of accidents and incidents and the provision of meals.

Areas requiring improvement were identified in relation to staffing levels in the home, the duty roster, competency and capability assessments and care plans.

Residents and/or their representatives said that the staff were kind to them, that the food was good and that they were well cared for.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Caron McKay, acting manager and Susan Henry, deputy 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 May 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, deputy manager, approximately 40 residents, six staff of various grades and two relatives.

A total of 20 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

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 most recent inspection dated 26 July 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 11 May 2018

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 29 (4) (a) and (c) Stated: First time	The registered person shall ensure that the weaknesses identified during this inspection in relation to monthly monitoring visits are addressed in order to ensure compliance with legislative requirements and consistency of approach. Ref: Section 6.3.3	Met
	Action taken as confirmed during the inspection: A review of the monthly monitoring reports confirmed that separate reports were completed for the residential and nursing homes and the times of the visits were recorded. As part of the monthly monitoring visits residents were spoken with, in order to ascertain their views on the service.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary and agency staff were used in the home in order to maintain the planned staffing levels.

Concern was raised during the inspection by both the residents and the staff in relation to the staffing arrangements in the home. The staff informed the inspector that there were instances where the staffing levels were not sufficiently maintained. Review of the duty roster evidenced that at times there were shortfalls in the planned staffing levels confirming what staff and residents had indicated. Failure to ensure adequate staffing levels at all times could potentially result in deficits in safe, effective and compassionate care delivery to residents. However, on the day of the inspection, there were no deficits in care delivery observed. This matter was discussed during feedback and followed up with the responsible individual. This was identified as an area for improvement to ensure compliance with the regulations.

Further review of the duty rota confirmed that the manager's hours were not recorded and it did not accurately reflect the staff working within the home. This was identified as an area for improvement to ensure compliance with the standards.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. Schedules of training and staff supervision were reviewed during the inspection.

Discussion with the manager confirmed that competency and capability assessments were 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. Two staff competency and capability assessments were reviewed. One was found to be satisfactory, however the second competency and capability assessment was not fully completed. This was identified as an area for improvement to ensure compliance with the regulations.

Discussion with the manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

It was established that there were residents in the home who smoked. The manager confirmed that risk assessments and corresponding care plans were in place.

The home had an up to date fire risk assessment in place dated 31 August 2018. There were no recommendations made during this assessment.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to

date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

Residents and staff spoken with during the inspection made the following comments:

- “There is little staff working in the home and they are run off their feet.” (resident)
- “The staff are very busy.” (resident)
- “I feel safe in here.” (resident)
- “I had an induction and training when I started working in the home.” (staff)
- “The staffing levels are short. We used to have a care team manager shift from 9-3pm but this has stopped. This shift was a great support.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

Three areas for improvement were identified in relation to staffing levels in the home, the duty roster and competency and capability assessments.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

It was noted on the care plans reviewed that they did not fully reflect the needs of the residents, for example, one care plan did not refer to the use of dietary supplements, the second care plan did not detail the arrangements for the management of skin care. This was identified as an area for improvement to ensure that care plans fully reflect the care needs of the residents.

The care records reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. This dining experience was observed within the dementia unit. This was found to be calm and organised. Staff were observed assisting patients with their meal appropriately and in a timely manner. Residents advised that they enjoyed their meal. Meals were transported from the kitchen in a heated trolley where they remained until they were served. The staff were observed asking the residents for their preference in relation to the serving of tea/coffee.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to address any areas any concerns identified in a timely manner.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection. Observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents and staff spoken with during the inspection made the following comments:

- "The food is unbelievable and we always get a choice of food." (resident)
- "The food is really lovely; it's your own fault if you don't like it." (resident)
- "There is good teamwork here. We have a communication book in place and you read it when you come on duty." (staff)
- "There is good teamwork and we all support each other." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified in relation to care plans.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 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.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The residents and their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection the hairdresser was present in the home.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, staff, and relatives spoken with during the inspection made the following comments:

- "The staff are very kind to me, I am well cared for." (resident)
- "I am very happy in here. This place is first class, everything is great." (resident)
- "(Resident) is well looked after and the home is always warm and welcoming." (relative)
- "Before (resident) came in here, we looked around but this home was the best. (Resident) is so well cared for, it was a good decision." (relative)
- "I think the care provided to the residents is brilliant. Everyone works really hard to make sure the residents' needs are met." (staff)
- "The care provided is very good." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

A range of policies and procedures was in place to guide and inform staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. One complaint received on 7 January 2019 was currently under investigation. The manager of the home had met with the complainant during the inspection, which was in the investigative phase. There was a system in place to track the process from initial receipt of complaint to the resolution.

The home retained compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of the accident, incident and notifiable events 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 reviewed as part of the inspection process.

Advice was given to the manager in relation to a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Discussion with the residents and staff identified that they were concerned in relation to the management arrangements in the home. One staff member stated, “When we get a sense of normality, the manager changes”. Staff further advised that they felt unsupported by the management of the home. The need for effective management and governance arrangements was discussed with the manager during the inspection and followed up with the responsible individual.

The manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Residents and staff spoken with during the inspection made the following comments:

- “Things have changed over the last six months. I am not getting the attention I used to get.” (resident)
- “If I had concerns I would go to the manager.” (staff)
- “I enjoy being in this role. However without the manager it can be tough, stressful and I feel there is a lot of weight on my shoulders. Susan (deputy) has been a great support. We really need a consistent manager.” (staff)
- “We have no support from management.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caron McKay, acting manager and Susan Henry, deputy 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

Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 17 February 2019	<p>The registered person shall ensure that a comprehensive review of the staffing arrangements is undertaken so that the planned staffing levels can be maintained.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff levels are reviewed on a daily / weeking basis taking into consideration the occupancy and dependency levels of the residents.</p>
Area for improvement 2 Ref: Regulation 20 (3) Stated: First time To be completed by: 24 January 2019	<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: 6.4</p>
	<p>Response by registered person detailing the actions taken: All staff who are in charge of the home have been assessed to ensure competence and capability. These assessments will be completed on an ongoing basis and discussed during supervision sessions.</p>
Area for improvement 3 Ref: Regulation 16 (1) Stated: First time To be completed by: 17 February 2019	<p>The registered person shall ensure that care plans fully reflect the care needs of the residents.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Staff meetings held on 14/02/2019 and 20/02/2019 discussed the importance of accurate and detailed records, ensuring they reflect the residents current / changing needs.</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	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. Ref: 6.4
To be completed by: 17 February 2019	Response by registered person detailing the actions taken: The manager's duty rota has been included within the roster. The person in charge of each shift is also highlighted.

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



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