

Unannounced Care Inspection Report 18 August 2020



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 residential care home registered to provide 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 - 12 June 2020
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	Number of residents accommodated in the residential home on the day of this inspection: 41

4.0 Inspection summary

An unannounced inspection took place on 18 August 2020 from 09.40 hours to 18.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements.

Residents said that they felt safe in the home and were happy with the care provided to them.

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	*4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Andrea Harkness, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

*This includes two areas for improvement which were not reviewed at this inspection and were carried forward for review at the next inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 40 residents and six staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten residents' questionnaires and residents' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the manager with "Tell Us" which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- 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.

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 previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 32 Stated: First time	The registered person shall review the storage of medicines as detailed in the report.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed at this inspection and was carried forward for review at the next inspection.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 2 Ref: Standard 33 Stated: First time	The registered person shall review the administration of inhaled medicines to ensure that these are administered as prescribed.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed at this inspection and was carried forward for review at the next inspection.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of residents were met. On the day of the inspection we observed that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

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.

Staff spoken with told us that they were satisfied with staffing levels and that teamwork was good. Staff advised that they had access to mandatory training which was generally being completed online at present due to restrictions caused by COVID-19.

The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- “The staffing levels are good. There are enough staff on duty to manage the needs of the residents. There is very good care provided here; everyone works hard in this home.”
- “I love working here; there is really good teamwork and everyone helps each other out. There is amazing care provided here; the residents are all treated really well.”
- “There is good care provided in this home and really good teamwork.”

6.2.2 Infection prevention and control procedures (IPC)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. Staff had a temperature check and changed into their uniform on arrival for their shift. All other persons entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

PPE was readily available throughout the home and stations were well stocked. Staff told us that they had had sufficient supplies of PPE at all times. The staff had identified changing facilities where they could put on their uniform and the recommended PPE.

We observed domestic staff cleaning frequently touched points in the home. Domestic staff told us that there was enhanced cleaning in place and that deep cleaning was carried out as required. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

We observed staff carrying out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance; staff were seen to put on and take off their PPE correctly. Staff confirmed that they had received training and supervision in the use of PPE; a record of this was maintained.

6.2.3 Environment

We reviewed the home’s environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining room, sluices and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients’ bedrooms were attractively decorated and personalised. The home was clean, tidy and fresh smelling.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “I am keeping well in here.”
- “The staff are fine, I am very happy in here.”
- “The food is very good; I am very happy in here.”

Staff told us that they knew it was very important to maintain good communication links with relatives as visitors were currently not permitted into the home. In order to manage this staff helped to facilitate window visits or planned in-person visits to a designated area on the ground floor. Staff also helped the residents to make telephone or video calls to their relatives.

We observed the serving of lunch and saw that staff were familiar with residents’ dietary requirements and likes or dislikes. The food on offer smelled appetising and was well presented. Staff were quick to intervene where support was required. Staff were seen to offer residents drinks and cups of tea regularly throughout the day.

6.2.5 Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. However we noted where care plans were not consistently reflective of the needs of the residents; for example one care plan was not updated to reflect recommendations from the speech and language therapist (SALT). A second care plan required to be updated in regards to the management of nutrition. This was identified as an area for improvement.

Risk assessments including the management of falls were also present. Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. We noted where the daily progress notes were repetitive and did not accurately evaluate the care provided on that day. This was identified as an area for improvement.

6.2.6 Governance and management arrangements

There is a clear management structure within the home. The manager retains oversight of the home. The manager confirmed that she undertakes a daily walk around the home in order to ensure she is fully informed. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable. Comments from staff were:

- “The home has much improved since Andrea (manager) has come in.”
- “Andrea is very approachable.”

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, complaints and accidents and incidents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction 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. Records of compliments were also retained in the home.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures.

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 visit dated 16 July 2020, 15 June 2020 and 4 May 2020 were reviewed. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Areas of good practice were identified in relation to staffing, teamwork, use of PPE, the environment, care provided, treating residents with kindness and providing residents with choice.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Harkness, registered 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: 26 August 2018	The registered person shall review the storage of medicines as detailed in the report. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 33 Stated: First time To be completed by: 26 August 2018	The registered person shall review the administration of inhaled medicines to ensure that these are administered as prescribed. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 1 September 2020	The registered person shall ensure that care plans are reflective of the needs of the residents, including any recommendations from other professionals. Ref: 6.2.5 Response by registered person detailing the actions taken: Care plan audits being complete by management to oversee care planning. Supervision complete with all CTLS including template care plans with guidance provided
Area for improvement 4 Ref: Standard 8.2 Stated: First time To be completed by: 19 August 2020	The registered person shall ensure that the daily evaluations of care are meaningful and reflective of the current situation of the resident. Ref: 6.2.5 Response by registered person detailing the actions taken: Supervision has been issued for all CTL staff which has provided and example of the expectations required for daily evaluation Management will monitor and check daily evaluations

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



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