

Inspection Report

19 and 20 May 2021



Weavers House Residential Care Home

Type of Service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathryn Homes Responsible Individual: Mr Dermot Parsons	Registered Manager: Miss Andrea Harkness Date registered: 12 June 2020
Person in charge at the time of inspection: Andrea Harkness – manager	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 care home on the day of this inspection: 46
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 47 persons. The home is situated over the first and second floor and provides care for people with dementia in the Mill suite and general residential care in the Lissian suite. There is also a registered Nursing Home under the same roof.	

2.0 Inspection summary

An announced inspection took place on 19 May 2021, from 8:10am to 5:00pm by a care inspector and on 20 May 2021 from 2.00pm to 4.10pm by an estates inspector.

RQIA received information on 14 May 2021 by telephone which raised concerns in relation to the presence of legionella bacteria in the water system of the home and the showers in the home were out of use.

Significant concerns was raised in regard to the delay in communicating with relevant agencies including RQIA, the Northern Health and Social Care Trust (NHSCT) and the Health and Safety Executive (HSENI), in regard to detection of legionella bacteria in the water system, the lack of clear communications with residents staff and families and also the impact of the increased bathing of residents on staff.

Given the concerns raised a meeting was held on 25 May 2021 with the intention to issue three failure to comply notices under the Residential Care Homes Regulations (Northern Ireland) 2005, in relation to the governance and oversight in the home (Regulation 10 (1));

the ongoing management of the legionella bacteria in the water system (Regulation 12 (2) (c)) and the delay in notifying RQIA (Regulation 30).

The meeting was attended by Mr Dermot Parsons, Responsible Individual (RI) Andrea Harkness, Manager, representatives of the senior management team and an independent consultant.

Prior to the meeting the RI provided details of the actions they had already taken to address the concerns raised. These actions were discussed at the meeting. RQIA did not receive the necessary assurance as to the effectiveness and robustness of the overall governance and management in the home. RQIA were not assured that sufficiently urgent measures had been taken to eliminate harmful bacteria from the home's water system and that suitable control measures had been fully implemented to mitigate the risk until this has been achieved. It was therefore decided that two failure to comply notices would be issued under Regulation 10 (1) and Regulation 14(2) (c).

At the meeting RQIA received assurances that necessary action had been taken to ensure notifications would be received in a timely manner. It was decided that a failure to comply notice would not be issued under Regulation 30. Timely submission of notifications has been included as an action within the failure to comply notice issued under Regulation 10 (1).

Actions identified to ensure compliance are included in the failure to comply notices. Compliance must be achieved by 20 July 2021.

Following this meeting a further meeting was held with the intention of issuing a Notice of Proposal to place conditions on the registration of the home. RQIA accepted the assurances provided that the home would voluntarily cease admissions and provide regular updates on their progress. The Notice of Proposal was not issued.

During the inspection RQIA were assured that the residents' personal care was being managed well and residents were well presented.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

RQIA were not assured that the delivery of care and service provided in Weavers House Residential Care Home was safe or well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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 the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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. No responses were received.

At the end of the inspection the Registered Manager was provided with details of the findings. Feedback was also provided to the RI on the day of inspection.

4.0 What people told us about the service

We spoke with 18 residents individually or in small groups, five staff and two relatives. Residents' spoken were content and the atmosphere was calm and relaxed. Staff told us the team work was good and they were supported in their role.

Relatives spoken with were happy with the service provided.

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 18 August 2020 by a care inspector, the area for improvement identified at this inspection will be carried forward and will be reviewed at the next care inspection.

Areas for improvement from the last inspection on 18 August 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 4 Ref: Standard 8.2 Stated: First time	The registered person shall ensure that the daily evaluations of care are meaningful and reflective of the current situation of the resident.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that they were aware of a problem with the water system in the home and that they were unable to use the showers for the residents. However through further discussions it became apparent that staff were not fully aware of the exact nature of the problem. RQIA were unable to evidence that this had been communicated appropriately to staff. This is further discussed in section 5.2.5. Staff told us that they were ensuring that residents were offered a bath and that the resident skin integrity was being monitored. Records reviewed confirmed this. Staff said that they felt they were under a more pressure due to extra time it took to bath a resident.

Due to feedback from staff RQIA were concerned that no review of staffing had taken place due to the increased workload to ensure the residents personal hygiene was maintained at a high standard. We discussed this with the manager at the time of the inspection and this was further discussed at the meeting with RQIA to ensure staffing levels were kept under review until the showers were in full use again. At this meeting RQIA were told a risk assessment had been undertaken and no adjustment to staffing was required. Staffing was included in the failure to comply notice to ensure staffing is kept under review and adjusted as needed.

5.2.2 The internal environment and infection prevention and control (IPC)

RQIA were contacted by telephone on 14 May 2021 and advised that there was Legionella bacteria detected in the home's water system during routine testing on the 21 April 2021. Results of the samples were made available to their health and safety manager. A report of the results, dated 4 May 2021 was emailed to RQIA estates team following this telephone call. RQIA were advised at this time that the showers for the residents were not in use from the 11 May 2021. Signage was observed in place to advise staff and residents not to use showers.

Residents spoken with told us they were happy in the home. Staff spoken with were aware there was an issue with the water and they could not use the showers. RQIA were not assured that staff were fully aware of the exact nature and seriousness of the issue. This was discussed with the manager who advised that staff had been informed that there were issues and it was clarified with staff on the day of the inspection what the reason was.

On arrival to the home visitors had their temperature checked and a health declaration completed. Visitors are given the opportunity to attend to their hand hygiene and personal protective equipment (PPE) was available. An adequate supply of PPE was observed at various points throughout the home and staff were observed to use PPE appropriately and take appropriate opportunities to wash their hands.

5.2.3 Environment – health and safety arrangements

We reviewed a sample of legionella prevention control records, and this indicated that the legionella risk assessment action plan recommendations were being implemented.

The Health and Safety Manager stated that the thermostatic mixing valves (TMVs) had been subjected to “in-service” maintenance checks; however a robust TMV maintenance regime compliant with Health & Safety Guidance (HSG) 274 was to be introduced with immediate effect.

The Health and Safety Manager confirmed that HSENI guidance would be implemented, a new legionella risk assessment will be completed and a new written scheme of control will be developed. A rolling programme of water distribution system chlorination and analysis of water samples will be implemented until legionella bacteria has been eliminated from the system.

Given that this had yet to be fully implemented RQIA were not sufficiently assured that the risks had been managed. A failure to comply notice was issued under Regulation 14 (2) (c). The Responsible Individual agreed to ensure that RQIA are kept regularly updated on their progress.

5.2.4 Care Delivery

It was confirmed through observation that the residents’ needs were met in relation to their personal hygiene. Discussion with staff evidenced that they were knowledgeable about their residents’ needs. Staff spoke to residents in a friendly and caring manner.

Residents’ skin care was discussed with staff and they advised that residents’ skin integrity was checked regularly through care interventions. A review of the care records in regard to skin checks confirmed this. Residents spoken with advised that they had been offered or assisted with a bath however some residents stated they refused due to personal preference.

Risk assessments in place with regards to personal hygiene were reviewed these were in place and reflective of residents’ needs and preferences for the use of a shower. The risk assessments were discussed further with the manager and advised that these were to be updated to take into consideration bathing residents in the communal bath. This was included in the failure to comply notice. We also observed that there was a lack of bath thermometers for staff to check the temperature of the bath water this was discussed with the manager who told us that she would address this.

5.2.5 Governance and management arrangements

Following discussion with staff it was identified that staff were not fully aware of the reason for the showers not to be used in the home. This was discussed with the manager and the responsible individual at that time and information was given to staff during a staff meeting that had been planned to take place in the home.

It was identified that there was a significant delay in the notification to RQIA and other relevant agencies, including the HSE and the NHSCT when the water sample identified the presence of legionella bacteria and the risk that this potentially presented to residents. This was discussed at the meeting and due to the assurances provided a failure to comply notices in relation to Regulation 30 was not issued. However timely notification was included as an action within the notice issued under Regulation 10 (1).

During the inspection the manager told us a letter had been sent to residents' relatives / representatives. A copy of the letter was emailed to RQIA to review. The letter was found to be insufficiently detailed and did not fully inform the reader as to the gravity of the problem with the water system. Following discussions with the NHSCT, the management of the home agreed to inform residents' and their relatives and advise them fully and to allow them to decide if they wished to seek alternate accommodation until the issue is resolved. No one requested alternative accommodation. RQIA liaised closely with the NHSCT before and after the inspection, in regard to the potential impact on residents for whom they commission care.

6.0 Conclusion

Based on the information received to RQIA on 14 May 2021 the inspection findings and following a meeting in RQIA on 25 May 2021, two failure to comply notices under Regulation 10 (1) and Regulation 14 (2) (c) were issued with the date of compliance to be achieved by 20 July 2021. One failure to comply notice was not issued under Regulation 30 due to assurances received from Mr Dermot Parsons.

Following assurances received from the Responsible Individual a Notice of Proposal to impose conditions on the registration of Weavers House Residential Care Home was not issued.

During the inspection RQIA were assured that the residents' personal care was being managed well and residents were well presented.

At the meeting assurances were provided that staffing would be kept under review and adjusted as needed. It was also agreed that RQIA would be regularly updated on the progress made with the water system in the home and results of the further water samples when available.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	1*

*The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Details of the Quality Improvement Plan were discussed with Andrea Harkness, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of the care inspection on 19 May 2021 and the estates inspection on 20 May 2021. Two failure to comply notices were issued under the Residential Care Homes Regulations (Northern Ireland) 2005 as follows

FTC Ref: FTC000149 with respect to Regulation 10 (1)

FTC Ref: FTC000150 with respect to Regulation 14 (2) (c).

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

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