

Inspection Report

20 July 2021



Weavers House Residential Care Home

Type of service: Residential Care Home
Address: 40 Moneymore Road, Cookstown, BT80 8EH
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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

Organisation/Registered Provider: Kathyrn Homes Ltd Responsible Individual Ms Andrea Feeney- registration pending	Registered Manager: Miss Andrea Harkness Date registered: 12 June 2020
Person in charge at the time of inspection: Ms Gabriela Ciurea, Deputy Manager	Number of registered places: 47 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.
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: 43
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 operates across the first and second floor and provides care for people living with dementia in the Mill suite and general residential care in the Lissan suite. There is also a registered nursing home under the same roof and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 20 July 2021 from 09.10 to 17.30 by a care inspector.

A desktop review of evidence submitted by e-mail was completed by an estates inspector.

This inspection sought to assess the level of compliance achieved in relation to two Failure to Comply notices issued on 28 May 2021. The areas identified for improvement and compliance with the regulations were in relation to the management and governance arrangements and risk management in the home (FTC000149) and (FTC000150). The date for compliance with these notices was 20 July 2021.

The following FTC notices were issued by RQIA:

FTC Ref: FTC000149 issued on 28 May 2021.

FTC Ref: FTC000150 issued on 28 May 2021.

Evidence was available to validate compliance with these notices.

The home was found to be clean and maintained to a good standard. Resident bedrooms were observed to be warm and personalised with items of memorabilia.

Staffing arrangements were found to be safe and effective and adjusted if required. Staff were seen to be professional and polite as they conducted their duties and told us that they were supported in their roles with training and resources.

Residents were seen to be well looked after. There was clear evidence of attention to personal care and dressing and for those residents who required assistance with mobility and meals; this was provided by staff in a prompt and compassionate manner.

Feedback from residents and staff indicated that they were very satisfied with the care and service provided at Weavers House Residential Care Home.

One new area requiring improvement was identified in relation to the environment and another area was carried forward for review to the next inspection.

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 quality improvement plan, 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.

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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection

4.0 What people told us about the service

Residents who were able to voice their opinion told us that they were satisfied with the care delivery in the home. They described staff as “good” and “very kind.” Observation during the inspection indicated that residents’ needs were met.

Staff spoke positively about working in the home and advised that the overall situation in the home was much improved. The staff reported that there was good team work within the home and the staff morale was much better.

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 19 and 20 May 2021 by a care inspector and an estates inspector.

Areas for improvement from the last inspection on 19-20 May 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 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
	This area for improvement was not reviewed during this inspection and is carried forward for review at the next inspection.	

5.2.1 Inspection findings

FTC Ref: FTC000149

Notice of failure to comply with Regulation 10(1) of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10. — (1)

The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following eight actions were required to ensure compliance with this regulation:

- the governance systems in the home are reviewed to ensure they are robust and effective at identifying any deficits in the quality of the care and other services provided by the home
- there is a robust communication system to ensure all communications between health and safety personnel and Kathryn Homes Ltd senior management to ensure effective risk management. Evidence of these communications should be retained in the home
- there is clear and effective communication with staff, residents and their representatives and evidence of this communication is retained in the home
- staffing levels are kept under review and adjusted accordingly to meet the needs of residents
- risk assessments in relation to residents' personal care interventions are relevant and kept up to date
- voluntary cessation of admissions to the home will continue until RQIA are satisfied full compliance has been achieved
- RQIA is notified, without delay, of any event which adversely affects the health and wellbeing of a resident in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005
- staff can knowledgeably describe the rationale for the current control measures.

Evidence was available to validate compliance with this notice.

On arrival to the home we were met by the deputy manager, the applicant responsible individual and the regional senior estates & facilities manager.

A review of records evidenced a robust governance and audit systems in place to help ensure effective managerial oversight. Such systems included the regulation 29 monthly monitoring report completed on 25 June 2021. This report was found to have been completed in a robust and comprehensive manner and provided an additional overview in regards to the environment; falls; care records and the management of accidents and incidents. Where action plans for

improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The report of this visit provided an accurate oversight of the home so as to continue to drive improvements. The proposed responsible individual advised that they had completed a further monthly monitoring visit on 19 July 2021.

The range of audits were in place, examples of these audits included care plan audits; audits of accidents and incidents and an audit of the flushing of water outlets and the running of taps. Review of these records confirmed that where there were areas for improvement identified in the audit process; actions plans were in place with associated timeframes for completion.

A review of a number of records confirmed that there was an improved communication system in place between health and safety personnel and Kathryn Homes Ltd senior management. Records reviewed included written communication between both parties as well as written communication retained between Kathryn Homes Ltd, the Trust and RQIA. There was further evidence of a meeting with all the managers within the Kathryn Homes group to ensure all learning was disseminated.

Discussion with staff confirmed that there was improved and effective communication with staff, residents and their representatives. Records were in place to evidence "flash meetings" had taken place between staff and the manager at set intervals during the day. This ensured that the manager and the staff on duty are aware of the current situation in the home and with residents. A daily communication book was in place for staff to direct and inform daily care provision. The staff reported that this was a positive addition to help keep staff 'up to date'. We were provided with a folder of memos/letters issued to staff working in the home since the last inspection. These memos were then signed by the staff after they were viewed. There was evidence of written communication sent to all relatives to advise them of the situation within the home.

There was written evidence that management had reviewed staffing levels on 21 May 2021 and 30 June 2021 and that no additional staff was required. Resident dependency levels had also been completed to assist with this review of staffing. While staff raised concerns about staffing, with the Inspector, it was evident that these concerns related to recruitment of new staff and not to the planned staffing levels.

Review of care records confirmed that updated bathing risk assessments were in place to direct resident care as of 17 May 2021. These were reassessed again on 25 June 2021. The deputy manager further advised these risk assessments would be reviewed again next week upon receipt of the next set of test results.

The deputy manager confirmed that there were no recent admissions to the home; the last admission to the home was on 30 April 2021.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were appropriately notified, if required, to residents' next of kin, their care manager and to RQIA. A monthly audit of accidents and incident was in place to identify any trends and patterns.

Discussion with staff confirmed that they were aware of the current control measures and were aware of the latest results. Staff were knowledgeable in regards to legionella and stated that further water samples were due.

FTC Ref: FTC000150

Notice of failure to comply with Regulation 14 (2) of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Further requirements as to health and welfare

Regulation 14.— (2)

*The registered person shall ensure as far as reasonably practicable that –
(c) unnecessary risks to the health or safety of residents are identified and so far as possible eliminated;*

In relation to this notice the following six actions were required to ensure compliance with this regulation:

- measures to eliminate harmful bacteria from the home's water system are sustained at pace until the system has been deemed safe and suitable for normal use
- robust control measures are implemented and maintained to mitigate the risk until the water system has been deemed safe and suitable for normal use
- RQIA are kept informed of the progress relating to the measures in a timely manner
- copies of microbiological monitoring test reports including interim reports are forwarded to RQIA as soon as possible following receipt by Kathryn Homes Ltd
- the revised scheme of control for the water system is implemented and the system is maintained free from hazards to patients
- training in relation to legionella control is provided to staff at a level appropriate to their roles and responsibilities.

Evidence was available to validate compliance with this notice.

RQIA received a range of evidence by e-mail communications from Kathryn Homes Ltd and completed a desktop evaluation to ensure compliance.

A new valid legionella risk assessment (LRA) document dated 22 May 2021 was submitted for RQIA review.

Legionella prevention and control measures compliant with Health and Safety Executive (HSE) Health Guidance Note (HSG) 274 Part 2 were implemented to reduce and eliminate the presence of legionella bacteria within the water distribution system.

Robust control measures including regular chlorination and flushing of the water storage and distribution system were implemented until the system was deemed safe and suitable for normal use.

The date for commencing normal legionella prevention & control precautions in accordance with the revised Written Scheme of Control (WSC) was 30 July 2021.

RQIA were informed by regular e-mail communication from Kathryn Homes Ltd of the progress achieved in controlling the legionella bacteria proliferation in the water system.

The planned date to resume normal legionella prevention and control precautions in the home was submitted for RQIA review on 27 July 2021.

Copies of water sample microbiological monitoring test results were submitted for RQIA review by Kathryn Homes Ltd at regular intervals and in a timely manner.

A revised Written Scheme of Control (WSC) for the water system was completed by Kathryn Homes Ltd water safety consultant, and reviewed by RQIA on 19 July 2021.

Kathryn Homes Ltd confirmed that the WSC is implemented to maintain the water system free from hazards.

Kathryn Homes Ltd submitted evidence contained within the WSC on 19 July 2021 that legionella control awareness training had been provided to all relevant staff.

5.2.2 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Fire exits and corridors were observed to be clear of clutter and obstruction.

During the walk around the home we noted that there was a malodour in one bedroom; there were a number of broken pedal operated bins in bathrooms areas and within the Mill suite prescribed creams were accessible to residents in en suite bathrooms. In addition we observed that the floor in one of the dining areas was unclean and contained a lot of food debris. These matters were identified as an area for improvement.

We identified that the café within the Mill suite contained excess storage and old records which were required to be archived and the toilet area beside the café was not locking properly. This was discussed during feedback and we were advised that the excess storage would be removed today and the maintenance man would attend to the toilet door.

6.0 Conclusion

This inspection sought to assess the level of compliance achieved in relation to two Failure to Comply notices issued on 28 May 2021. There was evidence available to validate compliance with these notices.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* The total number of areas for improvement includes one area which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for Improvement 1 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: 5.1
	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.
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 20 August 2021	The registered person shall ensure that the following matters are addressed: <ul style="list-style-type: none"> • Broken bins in bathroom areas need to be replaced • Attend to the identified malodour • Prescribed creams should be safely stored • Appropriate cleaning measures should be in place in the dining areas between each mealtime. Ref: 5.2.2
	Response by registered person detailing the actions taken: Bins have been replaced in all areas where any were breached. Malodour is being dealt with and carpet is in process of being replaced. All prescribed creams have been removed from bedrooms and are now stored in treatment room. Dining room is checked and cleaned after every meal.

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



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