

# Inspection Report

1 July 2024



## Weavers House Residential Care Home

Type of service: Residential Care Home  
Address: 20 Gallion Glen, Cookstown, Tyrone BT80 8EH  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Kathryn Homes Ltd</p> <p><b>Responsible Individual:</b> Mrs Tracey Anderson</p>	<p><b>Registered Manager:</b> Miss Gabriela Ciurea – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Michelle Bradley - Deputy Manager 9 am – 5 pm</p>	<p><b>Number of registered places:</b> 47</p> <p>A maximum of 23 residents in RC-I category and a maximum of 24 residents in RC-DE category.</p>
<p><b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 45</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 47 residents. The home is divided into two units; the first floor accommodates 23 persons under the frail elderly category of care and the second floor accommodates 24 persons living with dementia.</p> <p>There is a Nursing Home located on the ground floor and the manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 1 July 2024 from 9.45 am to 5.35 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was bright and welcoming. Residents were seated comfortably in communal areas across the home. Staff were visible providing support to residents and offering choice to residents throughout the day.

Residents who were able to make their wishes known said they enjoyed residing in the home and that the staff were supportive and attentive to their needs.

Staff provided positive feedback about their experiences working in the home. Staff said the management team were approachable and supportive. This is further discussed in the main body of the report.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

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 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.

Questionnaires 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.

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 spoken with throughout the inspection provided positive feedback about their experiences residing in the home. One resident said, "I get what I need, the staff are very good." Another resident said, "I get plenty of food and the staff are helpful." A further resident said, "the staff are very good to me, they're all very pleasant." Those residents who were unable to make their wishes known due to dementia appeared to be relaxed and comfortable in

their surroundings and in their interactions with staff. Residents provided mixed feedback regarding the quality of food in the home; this is discussed further in the body of the report.

Relatives who were visiting the home provided positive feedback about the staff and the environment. Relatives spoken with said; the home was well maintained, kept clean, neat and tidy. One relative said, "I'm very happy and impressed with the care provided to my relative. There was a lovely feel as soon as I came into the home. The staff are excellent; gentle and welcoming."

Staff provided positive feedback about their experiences working in the home. One staff member said, "I love working in here" and another said, "it is a great place to work." Staff commented positively about the management team and said they were approachable and supportive. Another staff member said, "the manager is amazing; she makes everyone feel valued."

No questionnaires were received from residents or relatives within the identified timeframes following the inspection and no staff completed the online survey following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One response said, "thank-you all for taking such great care of my relative."

## **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 Home was undertaken on 10 October 2023 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a checklist was in place to ensure staff were recruited correctly to protect residents. However, pre-employment checks did not always evidence staff's registration requirements with the Northern Ireland Social Care Council (NISCC). A discussion took place with the management team and an area for improvement was identified. There was evidence that staff were registered with NISCC as required.

There were systems in place to ensure staff were trained and supported to do their job. Staff said the management team were supportive and that staff were given good opportunities to attend training.

Staff said there was good team work across the home and that everyone worked together to ensure the needs of the residents were attended to and other tasks delegated fairly. Staff said

that they felt well supported in their role and the level of communication between staff and management.

The staff duty rota demonstrated the staff working across the home on a daily basis however, it was not always reflective of the hours worked by those staff providing one to one care. A discussion took place with the management team and assurances were provided that this was amended to accurately reflect the staff on duty at all times in the home. This will be reviewed at a future inspection.

Staff said that there was enough staff on duty to meet the needs of the residents. Comments made by one staff member regarding staffing levels were shared with the management team for review and action as appropriate.

The management team said that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents provided positive feedback about the staff and when discussing the staffing levels, one resident said "I haven't had any issues." Residents said the staff were supportive and attentive to their needs, another resident said; "very helpful staff."

Residents' relatives and visitors to the home said the staff were communicative in keeping them informed of changes in their relative's needs. Other resident's relatives said the staff were "approachable" and they would feel confident in seeking support for their relatives.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were; respectful, understanding and sensitive to residents' needs.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

The manager had a system in place to monitor those residents with a Deprivation of Liberty Safeguard (DoLs) in place to ensure this was managed appropriately.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm and unhurried. Comments made by residents regarding the food were shared with the management team for review and action as appropriate. A specific issue was identified in one of the units during the lunchtime meal, the management team provided assurances regarding the actions agreed to address this. An area for improvement was identified.

The menu on display was not reflective of the mealtime options available for residents. A discussion took place with the management team and an area for improvement was identified.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. For example; residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated and suitably furnished. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence that some bathroom cabinets required a deeper clean and one of these required fixed. A discussion took place with the management team and assurances were provided this would be reviewed and actioned as necessary. This will be reviewed at a future inspection.

There was evidence throughout the home of 'homely' touches such as pictures on display along the corridors, snacks and drinks available.

Residents and relatives commented that the home was fresh smelling and kept clean and tidy.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. During observation of practice and discussion with staff, it was evident that a selection of glove sizes were not always available. A discussion took place with the management team and assurances were provided that all glove sizes were replenished. This will be reviewed at a future inspection.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV, could attend musical events, engage in puzzles and games and take part in seasonal activities. Some of the residents were observed engaging in art-work on the day of inspection. Residents said they were supported to make choices around their preferences, one resident said they enjoyed remaining in their room and watching television. Other residents were supported to knit. The activity planner was on display across both units.

There is a well-being lead employed by the home to plan and facilitate activities. The well-being lead spoke about the activities which take place in the home and other events for example; a car boot sale which the residents were involved in. Positive feedback was received regarding this.

There was evidence of resident's participation in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Miss Gabriela Ciurea has been the manager in this home since 8 October 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. However, the audits did not always reflect the date

and unit this was completed. A discussion took place with the management team for review and action as appropriate. This will be reviewed at a future inspection.

The 'mealtime matters' audit was completed on a monthly basis, however it did not consistently generate an action plan with associated timescales, who was responsible for addressing the actions or evidence of action taken. A discussion took place with the management team and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The responsible individual was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

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 notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints and there was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Residents and their relatives said that they knew who to approach if they had a complaint or concern and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. Action plans developed as a result of these visits were not always reviewed during the next visit and the follow-up action taken by the management team was not always clear. This was discussed with the management team and an action plan was agreed to ensure this would be implemented. This will be reviewed at a future inspection. These reports are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3



Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tracey Anderson, Responsible Individual and Mrs Michelle Bradley, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2024</p>	<p>The registered person shall ensure that NISCC checks are completed as part of the pre-employment checks to ensure those staff requiring to be registered are supported to become registered within the required timeframes.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>HM/DM will ensure that the NISCC process is completed once the interview is successful.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2024</p>	<p>The registered person shall conduct a review of the mealtime experience for residents to ensure that portion sizes are adequate to meet the residents needs and records maintained.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Review complete on 2.7.24 we've collaborated with the chef to ensure portion sizes are adequate. Moving forward, we continue to have weekly reviews during the meal audit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2024</p>	<p>The registered person shall ensure the daily menu on display is reflective of the meal options available.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>New menu's were in the process of being created which is why they were not in place on the day of the inspection. However, in place from 2.7.24</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure, when actions are identified as part of the mealtime matters audit, that these are time bound and completed within the identified timeframes.</p> <p>Ref: 5.2.5</p>
<p><b>To be completed by:</b> 29 July 2024</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>New meals time audit has been successfully conducted building upon the previous one and has now been completed and signed off. Including the actions clearly drawn up . Also we have been conducting service reviews for residents to complete after mealtimes. This will serve as an additional measure to indicate if there are any further actions needed in relation to food and is inclusive of resident views.</p>

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