



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Follow Up Care Inspection Report



## Weavers House Nursing Home

**Type of Service: Nursing Home**  
**Address: 40 Moneymore Road, Cookstown, BT80 8EH**  
**Tel No: 028 8676 7684**  
**Inspector: Sharon McKnight**

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 18 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual(s):</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Stephanie Shannon Registration pending
<b>Person in charge at the time of inspection:</b> Stephanie Shannon	<b>Number of registered places:</b> 18
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 18

### 4.0 Inspection summary

An unannounced inspection took place on 10 May 2019 from 10.20 to 16.10.

This inspection was undertaken following concerns raised with RQIA anonymously. The concerns were in relation to staffing, care practices, the management of falls and the management arrangements. Weavers House Nursing Home and Weavers House Residential Home are located within the same building. Whilst the concerns related mainly to Weavers House Residential Home as both homes are under the same management structure, it was agreed that an inspection would also be undertaken of the nursing home. The outcome of the inspection to the residential home is reported under separate cover.

The following areas were examined during the inspection:

- staffing
- care practices
- management of falls
- management arrangements

The four concerns raised were unsubstantiated.

Due to the specific focus of this inspection areas for improvement in respect of previous estates, finance or pharmacy inspections were not reviewed.

Evidence of good practice was found in relation to compassionate interactions, attentiveness of staff to patients and knowledge of their patients' needs. We observed that the daily routine was relaxed and provided patients with choice. Staff spoke positively of the new management arrangements in the home and reported that the current manager was both accessible and approachable.

Patients' dependency levels are one of the indicators used to identify staffing requirements. An area for improvement was made to improve the manager's oversight of the assessed dependency of patients.

Patients were happy and relaxed in the home. Those unable to share their views presented as relaxed and comfortable. Staff attended to them and their interactions were positive and caring.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>1</b>

Details of the Quality Improvement Plan (QIP) were discussed with the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 14 April to 11 May 2019
- incident and accident records
- two patient care records
- a sample of reports of the monthly visits made on behalf of the responsible person
- 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 the last care inspection dated 1 August 2018

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

## 6.3 Inspection findings

### 6.3.1 Staffing

On the day of the inspection we reviewed the staffing levels and found them to be appropriate to meet the patient needs. We reviewed the nursing and care staff rotas for the period 14 April to 11 May 2019 and confirmed that the staffing numbers identified were generally provided with the exception to this during a recent infection outbreak when a number of unplanned changes needed to be made to the rota. This would not be unusual during outbreaks of infection when contingency measures, at short notice, are often required. The staff we spoke to confirmed that unplanned staff absence was not a regular occurrence.

Staff told us that morning staffing levels had been reduced and that they felt this impacted on their time spent with patients outside of completing routine tasks. They confirmed they had shared their concerns with the manager. The manager confirmed that she was aware of these concerns and that she was keeping the current staffing levels under review. Patient dependency levels were completed monthly and are one of the indicators used by management to identify staffing requirements. However the current recording system of the dependency levels did not provide the manager with adequate oversight. This was identified as an area for improvement.

Housekeeping staff also raised concerns about their staffing complement. The manager confirmed that the review of housekeeping staff had been completed. A recruitment campaign was underway to recruit additional staff. The manager explained that the decision had only made the day prior to the inspection and staff had not been informed yet. We welcomed this decision.

At the time of the inspection to the home there were a number of vacancies for registered nurses; agency nurses were being using to cover these vacant hours. Staff confirmed that, they try to make block bookings of agency nurses as in an attempt to provide consistency of staff and patient care. The manager confirmed that nurses have been recruited to fill some of the vacancies and the further recruitment was ongoing.

The manager was knowledgeable of the staffing requirements in the home and of the recent concerns of staff. It was good to note that staffing is also reviewed as part of the monthly visit completed on behalf of the responsible individual to monitor the quality of care in the home. The reports confirmed that staffing was reviewed regularly. Staff comments and opinions on staffing were included in these reports.

### **6.3.2 Care practices**

We arrived in the home at 10:20 hours. There was a quiet, relaxed atmosphere in the home. The majority of patients had finished their breakfast and were being assisted by staff to settle into the lounge. We observed that all of the patients has been assisted with their personal needs and were nicely dressed and well presented. There was jovial atmosphere in the lounge between staff and the patients.

We observed that patients' needs were met by the levels of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff had a great awareness of the patients' wishes, preferences and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

### **6.3.3 Management of falls**

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. We reviewed the accident book and the management of falls recorded. We can confirm that recorded accidents were appropriately managed with medical advice sought as required if an injury was sustained. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary.

### **6.3.4 Management arrangements**

The manager has recently taken up post in February 2019. She was knowledgeable of her responsibility with regard to meeting regulations and notifying RQIA of events. An application to register with RQIA has been submitted. Staff reported that the manager was very approachable and available to speak to. The manager explained that they received good support from the regional operations manager.

An unannounced visit was completed monthly on behalf of the responsible person to check the quality of the services provided in the home. The reports of these visits included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of staff and staffs attentiveness to patients. We observed that the daily routine was relaxed and provided patients with choice. Staff spoke positively of the new management arrangements in the home and reported that the current manager was accessible and approachable.

## Areas for improvement

Patients' dependency levels are one of the indicators used to identify staffing requirements. Records should be maintained in a manner which provides the manager with oversight of the assessed dependency of patients.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	<b>0</b>	<b>1</b>

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP.

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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 June 2019</p>	<p>The registered person shall ensure that records of patients' dependencies levels are maintained in a manner which provides the manager with adequate oversight of the dependency of patients.</p> <p>Ref: 6.3.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Patient's dependencies level are kept under review and staffing levels are adjusted accordingly.</p>

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





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