

Inspection Report

20 July 2021



Weavers House Nursing Home

Type of service: Nursing Home

Address: 40 Moneymore Road, Cookstown, Tyrone, BT80 8EH

Telephone number: 028 8676 7684

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kathyrn Homes Ltd Responsible Individual Mrs 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: 18 A maximum of 18 patients in category NH-DE
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 18 persons. The home is situated on the ground floor of the building with a Residential Care Home occupying the first and second floors.	

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 (FTC000151) and (FTC000152). The date for compliance with these notices was 20 July 2021.

The following FTC notices were issued by RQIA:

FTC Ref: FTC000151 issued on 28 May 2021

FTC Ref: FTC000152 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. Patients' 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.

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

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

Due to the focus of this inspection the areas for improvement identified at the previous care inspection have been carried forward to the next inspection.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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

Patients 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 good.” Observations indicated that patients’ needs were met in a timely manner.

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 Nursing 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 Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 14.12 Stated: First time	The registered person shall ensure a reconciliation of patients’ personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly.	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.	
Area for improvement 2 Ref: Standard 14.6 Stated: Second time	The registered person shall ensure that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient’s money on identified goods and services.	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.	

<p>Area for improvement 3</p> <p>Ref: Standard 2.8</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that at least two signatures are recorded against the transactions from the patients' comfort fund.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p>	<p>The registered person shall contact the Health and Social Care Trust to ensure that the items held in the safe place are forwarded to the patient identified during the inspection</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the care plans accurately reflect the needs of the patients in relation to bowel management.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 7 Ref: Standard 4 Stated: First time	The registered person shall ensure that the daily evaluations of care a patient centred, meaningful and reflective of the care provided	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.	

5.2.1 Inspection Findings

FTC Ref: FTC000152

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

The Nursing 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 nursing home, the statement of purpose, and the number and needs of the patients, 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 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 the patients
- risk assessments in relation to patients' 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 Nursing 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 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 proposed responsible individual advised that they had completed a further monthly monitoring visit on 19 July 2021.

The range of audits in place 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; actions plans were put in place with associated timeframes for completion.

A review of a number of records confirmed that an improved communication system was 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 learning was disseminated.

Discussion with staff confirmed that there was improved and effective communication with staff, patients 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 were aware of the current situation in the home and with patients. 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. Patient 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 bathing risk assessments were in place to direct care as of 17 May 2021. These had been reassessed again on 25 June 2021. The deputy manager advised that these risk assessments would be reviewed again the next week upon receipt of the next set of legionella 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 occurred in the home. Accidents and incidents were appropriately notified, if required, to patients' 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.

Staff were knowledgeable in regards to legionella control measures, the latest legionella test results and that further water samples were due.

FTC Ref: FTC000151

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

The Nursing 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 patients 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.

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 Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	7*

* The total number of areas for improvement includes six under the standards which are carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 14.12 Stated: Second time To be completed by: 31 October 2019	The registered person shall ensure a reconciliation of patients' personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly.
	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 14.6 Stated: Second time To be completed by: 22 November 2019	The registered person shall ensure that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.
	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 3 Ref: Standard 2.8 Stated: Second time To be completed by: 22 November 2019	The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.
	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 4 Ref: Standard 14.10 Stated: First time To be completed by: 8 October 2019	The registered person shall ensure that at least two signatures are recorded against the transactions from the patients' comfort fund.
	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.

<p>Area for improvement 5</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2019</p>	<p>The registered person shall contact the Health and Social Care Trust to ensure that the items held in the safe place are forwarded to the patient identified during the inspection</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>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.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered persons shall ensure that the care plans accurately reflect the needs of the patients in relation to bowel management.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the daily evaluations of care a patient centred, meaningful and reflective of the care provided</p> <p>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.</p>

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