

# Unannounced Care Inspection Report 11 October 2016



## Weaver's House

**Type of Service: Nursing Home**  
**Address: Moneymore Road, Cookstown, BT80 8EH**  
**Tel No: 028 8676 7684**  
**Inspectors: Lyn Buckley and John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Weavers House took place on 10 October 2016 from 10:00 to 15:30 hours.

The inspection sought to assess progress with any issues raised during and 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.

Throughout this report the term 'patient' is used to describe those living in Weaver's House which provides both nursing and residential care.

### **Is care safe?**

Following discussion with management, staff, patients and relatives; and a review of records it was evident that systems and processes were in place and monitored by the registered manager and her senior team to ensure the delivery of safe care. Staffing levels were monitored and adjusted to ensure patient needs were met. Training was provided and the learning from it was monitored to ensure the staff were enabled to provide the right care safely. Refer to section 4.3 for further details.

Three areas for improvement were identified in relation to the management of unit kitchenettes, reheating of patient food and risks associated with uneven flooring; three recommendations were made.

### **Is care effective?**

Observation of care practices, review of records and discussion with patients, relatives and staff evidenced that there were systems and processes in place to ensure the timely delivery of effective care. Staff consulted were knowledgeable and confident in their role. Patients and relatives said they were assured that staff would deliver the right care at the right time. The registered manager implemented systems and processes to ensure effective communication throughout all grades of staff was maintained. Refer to section 4.4 for further details.

There were no areas for improvement identified.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There was evidence of good communication in the home between staff and patients. Patients and relatives spoken with were complimentary regarding staff and the registered manager; comments are included in section 4.5.

There were no areas for improvement identified.

### Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff confidently described their role and responsibility in the home. In discussion patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern. Patients, relatives and staff spoke in very positive terms in relation to the registered manager and their confidence in her leadership skills. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

It was evident that the registered manager had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to participate in the home's life.

Based on the inspection findings detailed in the preceding domains, review of records, systems and processes; and comments from patients, relatives and staff it was evident that Weaver's House was well led. The registered manager was available to patients and their relatives and operated an 'open door' policy for contacting her; and she provided staff with a positive role model for their practice and attitude. This was commended. Addressing the recommendations made with further enhance the standards within the home.

There were no new areas for improvement identified within this domain.

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.

#### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with, Mrs Brenda Rushe, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 29 February 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Runwood Homes / Mr. Nadarajah (Logan) Logeswaran	<b>Registered manager:</b> Mrs Brenda Rushe
<b>Person in charge of the home at the time of inspection:</b> Mrs Brenda Rushe	<b>Date manager registered:</b> 16 January 2015
<b>Categories of care:</b> NH-DE, RC-PH(E), RC-PH, RC-I, RC-DE.  A maximum of 30 patients in category NH-DE. A maximum of 24 residents in category RC-DE and a maximum of 11 residents in categories RC-I, RC- PH and RC- PH(E).	<b>Number of registered places:</b> 65

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

During the inspection the inspector spoke with 18 patients individually and with others in small groups; four relatives, nine care staff, two registered nurses, two care team leaders, three staff from housekeeping and the home's administrator.

In addition questionnaires were provided for distribution by the registered manager; 10 for relative/representatives; eight for patients and 10 for staff. At the time of issuing this report six staff and five relatives' questionnaires had been returned within the timeframe specified. Details can be reviewed in section 4.5.

The following information was examined during the inspection:

- six patient care records
- staff roster from 3 to 16 October 2016
- staff training and planner/matrix for 2016
- one staff's recruitment and induction records
- complaints record
- incident and accident records
- record of quality monitoring visits carried out on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit
- records for checking nursing staff registration with Nursing and Midwifery Council (NMC) and checking with the Northern Ireland Social Care Council (NISCC) in relation to care staff
- evidence of consultation with staff, patients and representatives

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 29 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The actions recorded by the registered provider/s, as recorded in the QIP, were validated during this inspection Refer to section 4.2.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 29 February 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	Care records should be reviewed to ensure they accurately reflect the needs of the patient and when a care plan is no longer required it should be discontinued; and any records regarding care review or discussion with other healthcare professionals should be retained within the patient's own care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records selected confirmed that this recommendation had been met.	

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for one staff member were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Training outcomes for 2016, so far, indicated that the registered manager ensured mandatory training was completed. For example, 100% compliance had already been achieved in health and safety, medication awareness and other areas had compliance levels of over 90%. This was commended.

Staff consulted and observation of care delivery and interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice. Staff were confident in carrying out their role and function in the home. Inspectors were informed that in conjunction with the Open University (OU) care staff, supported by the registered provider, had access to a programme of learning which would lead to registered nurse training. Also up to three care staff had participated recently in a City and Guilds training programme in Dementia Awareness, again supported by the registered provider; and the home continued to be participants in RCNs SPACE programme and the NI Hospice's ECHO programme, both for staff development and learning for the benefit of patients. This was commended.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.



Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Staff spoken with confirmed that nursing staff and senior care staff were knowledgeable of the actions to be taken in the event of an emergency. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, their representatives and staff spoken with were complimentary in respect of the home's environment. However, observations evidenced that staff did not manage the storage of food in the unit kitchenette areas in accordance with food hygiene guidelines. For example, staff had stored food stuff and cleaning products together and refrigerator had a selection of foodstuff either out of date or the date of opening not recorded. A recommendation was made. In addition a second recommendation was made regarding the use of microwaves to reheat patient's meals.

RQIA did acknowledge that the registered manager had addressed the concerns raised in one particular kitchenette before the conclusion of the inspection.

In addition observations evidenced that floor surfaces in a bathroom and an en suite bathroom were uneven as the flooring had 'rippled' and was a potential trip hazard. During feedback the registered manager confirmed that she had reported this issue to maintenance. RQIA requested confirmation that the flooring had been repaired/replaced post inspection. RQIA spoke with the registered manager on 26 October 2016 and there was no confirmation of a date for when the flooring would be repaired. Therefore a recommendation was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

### Areas for improvement

It was recommended that kitchenette areas, within units, are managed in line with food hygiene guidelines to ensure patients' safety.

It was recommended that any member of staff reheating patient food in a microwave is trained to do so and the necessary records are maintained in line with food hygiene guidelines.

It was recommended that the environment is safe for patients with risk for falling and slipping reduced.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	3
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### 4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals

such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. Nursing and senior care staff attended a 'heads of department' meeting at 11:00 hours every day. The registered manager was available to staff, patients and relatives and operated an 'open door' approach for anyone with a concern.

Staff stated they knew they worked together effectively as a team because they communicated effectively and patients were "put first"; and staff stated they could raise their concerns with senior staff without fear or censure. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager informed the inspectors that she had confidence in her staff team because of their professionalism and commitment to patients, relatives, her and each other. This was also evidence that staff attitude impacted positively on patients care and experience of living in the home. Patients and relatives commented positively in relation to staff and the management of the home.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.



Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives. Patients and their relatives spoken with confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation in the laundry and line stores evidenced that 'net pants' were being laundered and used communally. During feedback the registered manager confirmed that this would be addressed. A recommendation was made.

Observation of the serving of the breakfast and lunchtime meals lead to discussion regarding the 'gaps' between mealtimes. Inspectors were concerned that there was not enough time between meals to ensure patients were ready for their next meal and that meals would be left uneaten with the potential to weight loss. However, following discussion with patients, staff and the management team it was acknowledged that no one had raised concerns or made comments regarding the meal times and that patients' weights were monitored and showed evidence of increase. It was agreed that the registered manager would keep this concern under review and respond as required if patient's complained or began to lose weight.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Weaver's House was a positive experience.

Patient comments to the inspectors included:

- "I am very happy here"
- "The staff are all marvellous"
- "We all are well cared for here. No complaints"
- "I couldn't be any better cared for"
- "I am very happy to be here. I feel very safe".

Relatives' comments to the inspectors at the time of this inspection included:

- "You couldn't get any better than here. They are all very good"
- "Everything is 100%. I couldn't ask for anymore, everyone is well cared for and staff are so kind".

In addition 10 relative/representatives; 10 patient and eight staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report six staff and five relatives' questionnaires had been returned within the timeframe specified.

Four relatives responded that they were very satisfied with the care their loved ones received in each of the domains questioned – is care safe, effective, compassionate; and Is the service well led? The remaining relative said that they were satisfied. There were no additional comments recorded.

All six staff recorded that they were very satisfied with the care delivered under the three domains; is care safe, effective and compassionate; and that the service was well led. There were no additional comments recorded.

### Areas for improvement

A recommendation was made that 'net pants' are not used communally but individually labelled for any patient requiring their use.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and relatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and relatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was and referred to her as Brenda.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in March 2016 confirmed that these were managed appropriately.

Discussion with the registered manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed, on a unit by unit basis, and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. For example, the registered manager has ensured that a post falls analysis was completed post falls. This is good practice.

Discussion with the registered manager and review of records from April 2016 evidenced that Regulation 29 monitoring visits were completed on behalf of the responsible individual in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There were systems and processes in place to

ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

As discussed in the preceding sections it was evident that the registered manager had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to participate in the home's life. The registered manager was available to patients and their relatives and operated an 'open door' policy for contacting her and she provided staff with a positive role model for their practice and attitude. This was commended. Addressing the recommendations made with further enhance the standards within the home.

### Areas for improvement

No new areas for improvement were identified in this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Brenda Rushe, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: Immediate action needed.</p>	<p>The registered provider should ensure that kitchenette areas, within units, are managed in line with food hygiene guidelines to ensure patients' safety.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All staff are trained in Food Hygiene. All dining room kitchen units that store food etc are now locked and keys held centrally. All cleaning products are stored in the cleaning store and only taken out for use and returned when finished.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: Immediate action needed.</p>	<p>The registered provider should ensure that any member of staff reheating patient food in a microwave is trained to do so and the necessary records are maintained in line with food hygiene guidelines</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All reheating of patients food is done centrally in the main kitchen as per guidance. All hot hold temperatures are then recorded on the kitchen documentation.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: Immediate action needed.</p>	<p>The registered provider should ensure that the environment is safe for patients with risks for falling and slipping reduced.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> A request has been sent to head office to replace the flooring in the Lissan main bathroom and I am awaiting a date for replacement of flooring.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: immediate action needed</p>	<p>The registered provider should ensure that 'net pants' are not used communally but individually labelled for any patient requiring their use.</p> <p><b>Ref: Section 4.5</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All net pants are once only use.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**







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