

Unannounced Care Inspection Report 15 January 2018



Weavers House

Type of Service: Nursing Home (NH)
Address: 40 Moneymore Road, Cookstown, BT80 8EH
Tel no: 028 8676 7684
Inspector: Lyn Buckley

www.rgia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 65 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Brenda Rushe
Person in charge at the time of inspection: Brenda Rushe – registered manager	Date manager registered: 16 January 2015
Categories of care: Nursing Home (NH) DE – Dementia. Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. DE – Dementia.	Number of registered places: 65 comprising: 30 – NH- DE 24 – RC- DE 11 – RC- I, PH and PH(E)

4.0 Inspection summary

An unannounced inspection took place on 15 January 2018 from 09:20 to 15:30 hours.

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.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff training and development, this was commended by the inspector; staff knowledge of their patients and staff interactions with patients and relatives, this was also commended by the inspector; governance arrangements, quality improvement; effective communication and maintaining good working relationships. Housekeeping staff were commended for their efforts.

An area for improvement under the regulations was made in relation to the availability of the quality monitoring reports undertaken on behalf of the responsible individual.

Patients who were able described living in the home in positive terms. 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.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 4 December 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 December 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with all patients within the nursing dementia unit; five patients individually and nine staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer.

The following records were examined during the inspection:

- duty rota for all staff from 8-21 January 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- one staff recruitment and induction file
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 most recent inspection dated 4 December 2017

The most recent inspection of the home was an unannounced /medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection

6.2 Review of areas for improvement from the last care inspection dated 19 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.1 Stated: First time	The registered provider should ensure that the malodour in two identified en-suite bathrooms is addressed.	Met
	Action taken as confirmed during the inspection: There were no malodours detected during this inspection. Discussion with the registered manager confirmed that the specific concerns identified had been addressed.	
Area for improvement 2 Ref: Standard 47 Stated: First time	The registered provider should ensure that kitchenette areas, within units, are managed in line with food hygiene guidelines to ensure patients' safety.	Met
	Action taken as confirmed during the inspection: Observations and discussion with staff confirmed that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 47 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, catering and care staff confirmed that only catering staff reheated patients' food and that records were maintained as required.	
Area for improvement 4 Ref: Standard 43 Stated: First time	The registered provider should ensure that the environment is safe for patients with risks for falling and slipping reduced.	Met
	Action taken as confirmed during the inspection:	

	There were no trip hazards observed during this inspection. The registered manager confirmed that specific concerns had been met.	
Area for improvement 5 Ref: Standard 6 Stated: First time	The registered provider should ensure that 'net pants' are not used communally but individually labelled for any patient requiring their use.	Met
	Action taken as confirmed during the inspection: Observations and discussion with staff confirmed that this area for improvement had been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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. A review of the staffing rota from 8-21 January 2018 evidenced that planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the 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 and that staff, while busy, attended to patients' needs in a timely and caring manner.

We also sought patients', relatives' and staff opinion in regards to the quality of care via questionnaires and an online survey. At the time of issuing this report five patients and two relatives had responded indicating that they were very satisfied or satisfied with the staffing arrangements.

RQIA were assured from the review of records, observations of the care delivered and discussion with management, staff and patients that staffing levels were kept under review and adjusted as necessary, to ensure the assessed needs of patients were met.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to enable the regular monitoring of the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Staff confirmed that they were required to complete mandatory training which included face to face training and e-learning. Records confirmed that staff had completed training in areas such as moving and handling, adult safeguarding, first aid and fire safety. A schedule of training dates was in place to ensure full compliance with mandatory training requirements. Compliance with mandatory training requirements was 100%. This registered manager was commended for their efforts to facilitate and support staff development and the training compliance levels.

Observation of the delivery of care evidenced that training, such as moving and handling, infection prevention and control (IPC) and food hygiene had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities and in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the new regional safeguarding policy and operational procedures had been embedded into practice and named the safeguarding champion for the organisation.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessments were reviewed regularly and informed the care planning process.

We reviewed the system and processes regarding the management and governance of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, dining rooms, stairwells and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Housekeeping staff spoken with were aware of their role and responsibilities regarding infection prevention and control (IPC) measures and were commended for their efforts.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of staffing levels, staff training, governance arrangements for accidents, and incidents occurring within the home and the cleanliness of the environment. Housekeeping staff were commended for their efforts in this regard.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed four patients' care records in relation to the management of nutrition and falls. Patient records evidenced that nursing assessments and care plans reflected the assessed needs of patients and were kept under regular review.

Records indicated that, where appropriate, referrals had been made to healthcare professionals such as Speech and Language Therapists (SALT), dieticians, care managers and General Practitioners (GPs). Nursing assessments and care plans in respect of falls management and nutrition, which included management of modified food and fluid textures, had been reviewed on at least a monthly basis and were reflective of recommendations made by healthcare professionals.

A contemporaneous record to evidence the delivery of care was recorded for each of the areas reviewed. For example, repositioning and food intake charts were recorded accurately and had been evaluated. Discussion with catering staff and review of records confirmed good communication between them and nursing staff regarding dietary needs. Systems were in place to ensure patient received the correct diet in relation to their choice/preference and SALT recommendations. Advice was given to catering staff and the registered manager that patients' names should be recorded in full on the menu choice sheet to ensure clear and traceable records were maintained.

There was evidence of regular communication with patients and/or their relatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided necessary information regarding each patient's condition and ongoing care needs.

Staff spoken with stated that there was effective teamwork and that each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

We also observed the delivery of care throughout the home and were assured that patients' needs were met. Discussion with the registered manager and a review of governance records evidenced that that systems and processes were in place to quality assure effective communication with patients, relatives, staff and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and

the name of the health and social care trust personnel responsible for arranging each patients admission was maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture of the home which promoted a sense of teamwork, contemporaneous record keeping and effective communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:20 hours and were greeted by staff who were helpful and attentive. Patients were observed enjoying their breakfast or a morning cup of tea/coffee and snack in either their bedrooms or communal areas in keeping with their personal preference. Some patients were also observed in bed, in adherence with their personal wishes and/or assessed needs. Patients had access to fresh water and/or juice depending on their preferred tastes while staff were observed assisting patients to drink as required.

During the afternoon patient joined together on the first floor to enjoy a game of bingo. Staff were observed assisting patients to attend this activity. Some of the patient spoken with were looking forward to attending the bingo. Others said they preferred their own company and quieter activities.

Staff interactions with patients were observed to be compassionate, caring and timely. It was clearly demonstrated that staff had a detailed knowledge of patients' wishes, preferences and assessed needs and knew how to provide comfort if required. The staffs' knowledge of their patients and their interactions with them were commended by the inspector.

Staff were aware of the requirements regarding patient information, confidentiality and issues relating to consent. Patients' records were appropriately and securely maintained as required.

Patients able to communicate their feelings stated that they enjoyed living in Weaver's House and confirmed they were afforded choice, privacy, dignity and respect in relation to how they spent their day and the care delivered. It was observed that to exit the home patients needed to enter a four digit code into a keypad lock. Patients spoken with on the first floor indicated that they knew the code and could "come and go as they pleased". The use of keypad locks was discussed with the registered manager during feedback in relation to patients' liberty. Following discussion with patients and the registered manager, RQIA were assured that patients, able to leave the home, could do so freely.

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.

Ten patient questionnaires were issued; five were returned and all five indicated that patient were very satisfied across all four domains. One comment was recorded. The person indicated that they were a service user and had indicated that they were very satisfied across all four domains. However they did record a specific concern in the comments box. Details were discussed with the registered manager by telephone on 29 January 2018 who agreed to address this with the person named.

Ten questionnaires for relatives were issued; two were returned. Both respondents recorded that they were either satisfied or very satisfied across all four domains. No additional comments were recorded.

We also spoke with nine staff. Details of comments made by staff have been included throughout this report. A poster inviting staff to complete an online survey was provided. At the time of writing this report none had been completed.

Any comments received from patients, relatives and staff after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

We also reviewed a number of cards and letters received by the home. Comments were very positive and included the following:

- “Your help, guidance and co-operations are greatly appreciated.” – this was in relation to a local school’s year 13 involvement in the home.
- “Many thanks to Brenda and staff for the loving care and attention showered on my dear ‘You make the world a brighter place’ and I agree.”

The home has also had 17 responses recorded on a web site with an overall review score of 9.7 out of a maximum of 10.

Observation of the serving of the mid-morning snack served in the ground floor dining room and discussion with patients and staff evidenced that patients enjoyed their cup of tea/coffee and snacks offered. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Staff demonstrated their knowledge of the SALT definitions of food textures, consistency of fluids and feeding techniques.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA and a current certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of records and observations confirmed that the home was operating within its registered categories of care.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective communication and engagement. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We reviewed the reports from the unannounced visit undertaken on behalf of the registered provider. The registered manager confirmed that these visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However, records for visits undertaken in August, November and December 2017 were not available in the home. An area for improvement under the regulations was made.

Discussions with staff confirmed that there were "good working relationships" and they were enthusiastic about the home and the care they provided and believed they were "making a difference" and that they were supported to attend training provided in house and by external trainers by the registered manager.

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff expressed confidence in raising concerns about patient care with the nurse in charge and/or the registered manager if necessary. In discussion patients and relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

As a result of this inspection we were assured that that care was safe, effective and compassionate and that Weaver's House was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement under the regulations was made regarding the availability of the quality monitoring reports undertaken on behalf of the responsible individual and in accordance with Regulation 29.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 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.

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.

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 the Web Portal

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 19 February 2018</p>	<p>The registered person shall ensure that reports of visits undertaken on behalf of the responsible individual are available in the home as required.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: The November and December 2017 visits reports are now in place. The visits shall be completed monthly as agreed by Regional Operations.</p>



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