

Unannounced Follow Up Care Inspection Report 19 August 2017



Weavers House

Type of Service: Nursing Home
Address: 40 Moneymore Road, Cookstown, BT80 8EH
Tel No: 028 8676 7684
Inspector: Laura O'Hanlon

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 provider 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 nursing home registered to provide nursing and residential care for up to 65 persons.

3.0 Service details

<p>Organisation/Registered Provider: Runwood Homes Ltd</p> <p>Responsible Individual: Gavin O'Hare-Connolly (acting)</p>	<p>Registered Manager: Brenda Rushe</p>
<p>Person in charge at the time of inspection: Mary Devlin, Nurse in Charge.</p> <p>Brenda Rushe, Registered Manager, joined the inspection from 11.00 to 13.30.</p>	<p>Date manager registered: 16 January 2015</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia</p> <p>Residential Care (RC) PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years I – Old age not falling within any other category DE – Dementia</p>	<p>Number of registered places: Total number of registered beds: 65</p> <p>Comprising : 30 – NH-DE 24 – RC-DE 11 - RC-I, RC-PH, RC-PH(E)</p>

4.0 Inspection summary

An unannounced inspection took place on 19 August 2017 from 10.30 to 14.45.

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.

As a result of serious concerns, in relation to the well-being of patients in a nursing home operated by Runwood Homes Ltd, a lay magistrate issued an order to cancel the home's registration. This inspection was undertaken to provide an assurance that appropriate arrangements were in place for the safety and well-being of patients accommodated in this home.

The following areas were examined during the inspection:

- Management arrangements
- Care delivery
- Staffing arrangements
- Equipment
- Behaviours that challenge
- Environment
- Fire safety

Patients said that they were well cared for in the home and were happy with the care provided to them.

Some examples included:

“I love it here. The staff couldn’t do enough for you. If it wasn’t for here I would be gone.”
 “I like it here, its home from home. The staff are all great and I have nothing but praise for them.”

One area for improvement was identified in regard to a malodour in two identified en suite bathrooms.

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.

The term ‘patients’ is used to describe those living in Weavers House which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mary Devlin, Nurse in Charge, 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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 November 2016. No further actions were required to be taken following 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 39 patients, five staff members and the registered manager.

The following records were examined during the inspection: the staff duty rota, a sample agency induction record, care records of two patients, the records of accidents and incidents, fire safety documentation and the adult safeguarding procedure.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 24 November 2016

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 11 October 2016

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 11 October 2016 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

Management arrangements

The registered manager, Brenda Rushe, was not scheduled to be on duty but joined the inspection within 30 minutes. On arrival to the home the staff member was immediately able to identify and direct the inspector to the person in charge of the home.

The home contains a nursing unit on the ground floor and residential care units on the first and second floors. There was registered nurse in charge of the nursing unit and senior care assistants in charge of the residential units.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager and that records of competency and capability assessments were retained.

A review of the duty roster confirmed that the manager's hours were recorded. Discussion with the registered manager confirmed that she had a good understanding of her role and responsibilities under the legislation.

The nurse in charge and the senior care staff were able to competently describe the on call management and contact arrangements for out of hours and the weekends. The contact arrangements were available in the office.

The adult safeguarding procedure was displayed in the office. The staff were knowledgeable of the process for referring concerns to the trust adult safeguarding at weekends. Discussion with the registered manager advised that all staff had completed training on line in regard to adult safeguarding and an adult safeguarding champion was established in the home.

Care delivery

Discussion with the staff confirmed that they knowledgeable about their role and of the needs of the individual patients. Duties were observed to be conducted in a respectful and unhurried manner. The patients presented as relaxed in their environment and positive interactions were noted between staff and the patients. Observation of practice confirmed that the patients were listened to and communicated with appropriately. The patients were clean and well dressed with good attention to detail noted.

Comments made by individual patients included:

- "I like it here, I am content and happy"
- "The staff are lovely and friendly. The food is lovely and if you didn't like something you could always get something else"
- "I am happy in here; it's great"

The nurse in charge and senior care staff had a good knowledge of the patients who required support in the areas of pressure care, food and fluid management and falls. A review of two care records confirmed that they contained an up to date assessment of needs, risk assessments, care plans and a daily statement of health and well-being. Care needs

assessment and risk assessments such as manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred. There was evidence of repositioning charts being maintained and care plans were in place to support pressure area care.

Care records contained evidence of nutritional assessments in place. Where weight loss was identified an action plan was implemented and food and fluid charts were maintained daily. Records were available to confirm that weekly weights were being completed. Referrals were made to specialist dietetic services as required.

During the inspection there was evidence of drinks being provided to the patients in both their own rooms and the communal areas. The patients were provided with a nutritious lunch time meal and encouragement and assistance was provided where appropriate.

A review of the accidents and incidents confirmed these were appropriately managed and reported to the trust, the next of kin and medical services where necessary.

Staffing arrangements

The following staff were on duty in the home for 47 patients:

Registered nurse x 1
Senior Care Assistants x 2
Care assistants x 6
Domestic staff x 3

A review of the duty rota confirmed that it accurately reflected the staff on duty in the home. No concerns were raised regarding the staffing levels during discussions with the patients and the staff.

The registered manager confirmed that agency staff were not used in the home; only in exceptional circumstances. There were no agency staff on duty. The registered manager provided a sample agency induction record and advised that a staff member would be allocated to undertake this.

Discussion with the staff confirmed that a shift handover takes place at the start of each shift. The staff advised that there is good communication among the staff team and they all work well together. The staff reported that if they had any areas of concern they would be content to approach the registered manager.

Equipment

During the inspection of the environment a random sample of call bells were checked in the patients bedrooms. These were found to be in good working order. Discussion with the registered manager confirmed that call bells form part of the weekly checks undertaken in the home and a written record of these checks was maintained.

The nurse in charge and senior care staff confirmed that pressure mats were in place for a number of patients as a result of a risk assessment. Care plans were also in place. A random sample of the pressure mats in use were checked and found to be in working order. The nurse in charge confirmed that the home had spare pressure mats and in the event of a fault the mat

would be replaced. If necessary the registered manager would be contacted if there was an issue with accessing equipment.

Behaviours that challenge

Discussion with staff evidenced that staff were knowledgeable about dementia and its associated behaviours and were able to describe appropriate responses to behaviours which may be challenging. Observation of practice confirmed that staff were able to respond appropriately and redirect patients who were anxious or becoming agitated. The staff displayed a calming approach whilst engaging with the patients.

Environment

An inspection of the premises identified that the home was clean and appropriately heated. All bedrooms were spacious and had en suite hygiene facilities. The bedrooms were tastefully decorated and personalised to the needs of the individual patients. An inspection of the internal environment identified that there were no obvious hazards to the health and safety of patients, staff and visitors.

The patients have access to a secure garden facility. The staff in the home together with the patients have worked hard to make this a relaxing area.

A malodour was identified in two specific en suite bathrooms. This was discussed with the registered manager during the inspection and identified as an area for improvement under the standards to ensure this was addressed.

In a small number of en suite bathrooms areas of uneven flooring were observed. This was stated within the previous RQIA inspection report. This was discussed with the registered manager who advised that work was due to commence the following week to address this matter. The registered manager advised that this was an issue in a number of ensuites relating to the time of the construction of the home.

Fire safety

The home had an up to date fire safety risk assessment in place dated 7 July 2017 and the registered manager confirmed the recommendations were in the process of being addressed. An inspection of the environment confirmed that all escape routes were clear and unobstructed.

All patients had a Personal Emergency Evacuation Plan (PEEP) in place. These were reflective of the patients currently accommodated in the home and were most recently updated on 17 August 2017.

Areas of good practice

Discussion with staff and observation of care practice demonstrated patients were treated with dignity and respect. There was evidence that patients were listened to and communicated appropriately. The home was clean and well maintained.

Areas for improvement

One area for improvement was identified in regard to a malodour in two specific en suite bathrooms.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Devlin, nurse in charge, 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 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 DHSSPS 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 to via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2017</p>	<p>The registered provider should ensure that the malodour in two identified en suite bathrooms is addressed.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The identified en suites with malodour have been raised with Facilities Manager Stuart Graham and replacement floors are to be ordered.</p>

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

Due to the focused nature of this inspection, as outlined in section 4.0 of this report, the areas for improvement from the previous care inspection will be carried forward for review at the next care inspection.

Areas for improvement from the last care inspection	
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
<p>Area for improvement 1</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>



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