



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Weavers House
Establishment ID No:	11974
Date of Inspection:	29 July 2014
Inspector's Name:	Lyn Buckley
Inspection ID:	IN017855

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Weavers House
Address:	Moneymore Road Cookstown
Telephone Number:	028 86767684
E mail Address:	manager.weavers@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Limited Mr N Logeswaran
Registered Manager:	Michelle Devlin – acting manager
Person in Charge of the Home at the Time of Inspection:	Michelle Devlin
Categories of Care:	NH: DE, NH:PH, NH: PH(E) RC: DE, RC: PH, RC: PH(E), RC: I
Number of Registered Places:	65
Number of Patients Accommodated on Day of Inspection:	42 NH: 20 RC: 22
Date and Type of Previous Inspection:	Unannounced primary inspection 10 and 11 December 2013
Date and Time of Inspection:	29 July 2014 09:20 – 16:00 hours
Name of Inspector:	Lyn Buckley

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- the Nursing Homes Regulations (Northern Ireland) 2005
- the Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- discussion with the acting nurse manager
- discussion with staff on duty
- discussion with patients/residents individually and with others in groups
- observation of the home's environment during a tour of the premises
- review of the requirements and recommendations issued as a result of the previous inspection
- evaluation and feedback.

1.3 Inspection focus

The inspection sought to establish the level of progress and /or compliance achieved with respect to the requirements and recommendations as a result of the previous inspection conducted on 10 and 11 December 2013.

The inspector has rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Weavers House nursing and residential home is a purpose built three storey detached private nursing home set in landscaped gardens. The home is operated and managed by Runwood Homes Ltd. The post of registered manager has been recently recruited with Ms Devlin, the deputy manager, acting as manager in the interim.

The home is registered by the Regulation and Quality Improvement Authority (RQIA) to provide nursing care and residential care for up to 65 persons under the following categories of care and conditions of registration:

Nursing (NH):

- I old age not falling into any other category;
- PH physical disability other than sensory impairment;
- PH(E) physical disability other than sensory impairment over 65 years;
- DE dementia - to a maximum of 18 patients accommodated on the ground floor.

Residential (RC):

- DE dementia - to a maximum of 24 residents;
- I old age not falling into any other category;
- PH physical disability other than sensory impairment;
- PH(E) physical disability other than sensory impairment over 65 years.

The bedrooms provided are all single rooms with en-suite shower and toilet facilities. Each bedroom has been decorated and furnished to a high standard with a profiling bed and a range of furniture providing storage for patients'/residents' personal possessions.

There are assisted bathroom/showers on each floor of the home, ensuring that bathing facilities are available for patients/residents if they wish. Communal toilets are located throughout the home.

There are sitting rooms and dining rooms located throughout and have comfortable furnishings to suit a range of needs. The sitting rooms on the ground floor look out on to an enclosed secure garden situated at the rear of the building. The first floor sitting rooms provide a panoramic view of the surrounding country side. All patients/residents have access to the garden from the ground floor.

A passenger lift ensures that facilities are accessible to all patients/residents and visitors to the home.

Car parking has been provided to the front of the home. Catering and laundry services are situated on the ground floor and provide a service for the whole home. A service lift is provided.

3.0 Summary

This summary provides an overview of the services examined during an unannounced care inspection to Weavers House. The inspection was undertaken by Lyn Buckley on 29 July 2014 from 09:20 to 16:00 hours.

The inspector was welcomed into the home by the acting nurse manager, Michelle Devlin, who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Devlin and Mrs Norma McAllister, regional manager, at the conclusion of the inspection.

During the course of the inspection, the inspector met and spoke with eight patients/ residents individually and with the majority of others in small groups; five staff and one relative. The inspector also observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

The inspector spent one extended period observing staff and patient/resident interactions. These observations have been recorded using the Quality of Interaction Schedule (QUIS). This tool was designed to help evaluate the type and quality of communication which takes place in the nursing home. Details can be viewed in section 6.1 of this report.

As a result of the previous inspection conducted on 10 and 11 December 2013, six requirements and five recommendations were issued. These were reviewed during this inspection. The inspector evidenced that all requirements and three recommendations were compliant. Two recommendations had not been addressed and are now stated for a second time. Details can be viewed in the section immediately following this summary and in the quality improvement plan (QIP).

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of a good standard.

The home's general environment was well maintained and patient/ residents were observed to be treated with dignity and respect. Areas for improvement were identified in relation to care records and management of the small kitchen areas throughout the home.

Therefore, two requirements and three recommendations, two of which are stated for a second time are made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/residents, the acting and regional managers, registered nurses and all other staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on previous Issues raised following the unannounced primary inspection conducted on 10 and 11 December 2013.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20(1)(a) and (2)	<p>It is required that staffing levels are reviewed taking into consideration:</p> <ul style="list-style-type: none"> • patient/residents assessed needs; • patient and resident's dependency levels (assessed using a tool which takes into account dementia care needs as well as physical care needs); • layout of the home; • deployment of staff; and • the home's statement of purpose and aims. 	<p>Discussion with the acting manager and a review of staff duty rotas and patient/resident dependency analysis evidenced that staffing levels were maintained in accordance with RQIA's minimum staffing guidance (June 2009). The inspector noted that dependency levels were reviewed on a monthly basis and also included information in respect of the monthly analysis of patient falls.</p> <p>Since the previous inspection staffing levels at night had been reviewed and staffing increased by one member of staff.</p> <p>This requirement had been complied with.</p>	<p>Compliant</p>

2	13(1)	<p>It is required that the registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p>	<p>Discussion with the acting manager confirmed that the actions taken to address this requirement, as recorded in the returned quality improvement plan (QIP), were ‘ongoing’.</p> <p>The inspector evidenced by observations of care delivery, discussion with patients/residents and staff and review of records that mandatory training had been extended to included dementia awareness and management of challenging behaviours. Records available indicated that 20 staff had received this enhanced training to date. Additional sessions had also been arranged to ensure all staff received safeguarding training, falls prevention, behavioural triggers.</p> <p>However, the acting manager was unable to find the folder containing evidence of the content and attendance signatures for training sessions provided. A recommendation has been issued in regard to the maintenance and availability of staff training records.</p> <p>The inspector also observed that during the inspection call bells activated were responded to in a timely manner.</p>	<p>Compliant</p>
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3	12(1)	<p>It is required that the registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient - meet his individual needs; reflect current best practice;</p> <p>In addition, the review/reassessment of needs in relation to care needs for two identified patient/residents must be addressed by management as discussed.</p>	<p>Discussion with the acting manager, regional manager and review of records evidenced that the Trust were informed when patient/resident needs changed.</p>	<p>Compliant</p>
4	30	<p>It is required that when staffing levels or skill mix fall below the revised planned staffing levels that RQIA are notified, in writing, of the incident, and the action taken to address the deficit/s to ensure the health, safety and well-being of the patients/residents.</p>	<p>Review of notifications to RQIA confirmed that when staffing levels fell below planned staffing levels; RQIA were informed.</p> <p>The acting manager was aware of this requirement and confirmed that this would continue</p>	<p>Compliant</p>

5	8(a)	<p>It is required that patients/residents are treated with dignity and respect at all times.</p> <p>Staff must ensure terms of endearment are kept to a minimum and that patient/residents are moved and handled appropriately.</p>	<p>Review of the minutes from a staff meeting held following the last inspection confirmed that this requirement had been addressed with staff.</p> <p>Written feedback from the inspection was posted in the staff room with staff required to sign when they had read the feedback.</p> <p>Observation of patient/resident and staff interactions during this inspection evidenced that patients and residents were treated with dignity and respect.</p>	Compliant
6	27(2)(b)	<p>It is required that management inform RQIA when the identified repairs in section 11.7 are repaired.</p>	<p>RQIA were informed of the action taken by the registered manager following the inspection in December 2013.</p> <p>Observations made during the general inspection of the home during this inspection evidenced that the issues identified in December 2013 had been addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27	It is recommended that the report includes the times of the visit by the regional manager and that the action plans devised following the visit are dated to ensure they can be linked to the correct visit's report and tracked for compliance.	<p>Review of the last Regulation 29 report indicated that this recommendation had not been addressed.</p> <p>The acting manager and regional manager informed the inspector that the template for this report was 'under review'.</p> <p>The following issues with the report were discussed during feedback:</p> <ul style="list-style-type: none"> • the exact date and time of visit was not recorded only 'June 2014' • action plans did not clearly indicate which report they applied to • action plans did not include timescales for completion or dates of when actions were completed • the report was not signed by the person conducting the visit. <p>Therefore this recommendation is stated for a second time.</p>	Not compliant

2	16.2	It is recommended that the induction record confirms when the staff member receives the safeguarding training, as well as the discussion with their inductor.	Review of two staff induction records confirmed that this recommendation had been addressed.	Compliant
3	28.1	It is recommended that following completion of induction the registered manager/deputy manager records a statement of capability and competency following completion of staff inductions to finalised and confirm the person has been successful.	Discussion with the acting manager and regional manager confirmed that this recommendation had yet to be addressed. This was due to a change in senior management. Therefore this recommendation is stated for a second time.	Not compliant

4	5.3	It is recommended that patient/resident care records clearly demonstrated that patients/residents and/or their representatives have been involved in discussing, planning and agreeing nursing or care interventions to meet identified needs.	<p>The inspector reviewed two patient care records. There was evidence to support the inclusion of patients and/or their representatives in agreeing care and of informing when care needs changed.</p> <p>As stated, this recommendation has been addressed.</p>	Compliant
5	17.10	Records of complaint should contain detail of how all the issues raised have been addressed.	Review of the home's complaint record evidenced that this recommendation had been addressed.	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in December 2013, RQIA have been notified of any issues or concerns in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

Discussion with the acting manager, confirmed that safeguarding concerns and/or complaints were referred to the Trust. Records of contact with the relevant Trust staff and investigation progresses were maintained. The inspector was satisfied that appropriate action had been taken to ensure the protection of the patients/residents accommodated at the time of inspection.

5.0 Additional Areas Examined

5.1 Quality of interaction schedule (QUIS)

The inspector undertook an extended period of observation in the home in the residential dementia unit on the second floor which lasted for 20 minutes.

The inspector observed the interactions between residents and staff during the serving of lunch in the dining room.

The observation tool used to record this observation uses a simple coding system to record interactions between staff, patients and visitors to the area being observed.

Number of interactions observed	10
Positive interactions	10
Basic care interactions	0
Neutral interactions	0
Negative interactions	0

A description of the coding categories of the Quality of Interaction Tool is appended to the report.

Staff were observed to approach residents in a manner which was respectful. The atmosphere in the dining room was calm, relaxed and caring. For example, care staff when presenting the resident with their meal checked the resident was 'happy' with their choice and that they had everything they needed to hand.

Staff were also observed to assist residents to eat and drink in a caring and dignified manner.

However, a number of issues in regard to the 'setting up' of the dining tables and the management of the kitchen areas adjacent to dining rooms, throughout the home, were identified; details can be found in the next section.

5.2 Management of meals and meal times and catering arrangements

Following observation and inspection of smaller kitchen areas throughout the home a number of areas for improvement were identified. These were discussed with management during feedback. Areas identified were as follows:

- tables were not consistently 'set up' using napkins and condiments
- staff were observed to use blue plastic aprons as napkins for patients/residents
- menus were not available to patients/residents
- staff did not make use of the servery to serve the meals from the heated trolley causing staff to have to 'travel' between the heated trolley and servery for supplies/cutlery etc
- consideration needs to be given to supplying staff with the means to sit beside patients/residents at the table when assistance is required rather than staff kneeling on the floor.

It is required that management review the patient/resident dining experience to ensure the issues identified by the inspector are addressed and that good practice is maintained.

Additional areas for improvement in respect of food hygiene requirements were identified as follows:

- microwaves and refrigerators in small kitchen areas required cleaning
- foodstuff stored in the refrigerators were stored uncovered and were not labelled with the opening dates
- catering sizes of butter, jam, mayonnaise were stored in refrigerators and brought to the dining table for patient/resident use rather than individual portions
- staff spoken with confirmed that they would use the microwaves provided to reheat patient/residents food
- staff were not aware of any requirements regarding the reheating and storage of food

It is required that management reviews food hygiene arrangements throughout the home to ensure the areas identified by the inspector are addressed. Food hygiene requirements must be adhered to by any staff handling food. Small kitchen areas must be effectively managed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed the acting and regional managers, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Lyn Buckley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Care Inspection

Weavers House

29 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the acting and regional managers, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12(1)	<p>It is required that management review the patient/resident dining experience to ensure the issues identified by the inspector are addressed and that good practice is maintained.</p> <p>Ref: Section 5 (5.2)</p>	One	<p>Resident dining experience has been vastly improved. The dining rooms have been refurbished and the NIC/CTM manages the dining experience. Soft music is played during meals and presentation is excellent.</p>	By end of August 2014.
2	14(2) (c)	<p>It is required that management reviews food hygiene arrangements throughout the home to ensure the areas identified by the inspector are addressed.</p> <p>Food hygiene requirements must be adhered to by any staff handling food.</p> <p>Small kitchen areas must be effectively managed.</p> <p>Ref: Section 5 (5.2)</p>	One	<p>Supervision completed with all staff in January 2015 highlighting that all food that requires reheating is returned to the main kitchen to be reheated. All staff have completed their e-learning in Food Hygiene. Small kitchens have cleaning schedules in place and are inspected & cleaned daily by Domestic staff.</p>	By end of August 2014.

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	28.6	<p>It is recommended that training records are maintained in accordance with minimum standards and available in the home for inspection.</p> <p>Ref: Section 4 (requirement 2)</p>	One	All staff are compliant with e-learning training and face to face training. Matrix is in place displayed in the Manager's Office.	By end of August 2014.
2	27	<p>It is recommended that the (regulation 29) report includes the times of the visit by the regional manager and that the action plans devised following the visit are dated to ensure they can be linked to the correct visit's report and tracked for compliance.</p> <p>Ref: Section 4 (recommendation 1)</p>	Two	All Reg 29 reports include the times of the visit by the RCD and actions dated.	By end of August 2014.
3	28.1	<p>It is recommended that following completion of induction the registered manager/deputy manager records a statement of capability and competency following completion of staff inductions to finalised and confirm the person has been successful.</p> <p>Ref: Section 4 (recommendation 3)</p>	Two	All staff have an induction completed and complete both mandatory e-learning and face to face training. Staff then complete a competency assessment. All CTM's/RGN's medication and in charge competencies are in place.	By end of August 2014.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Brenda Rushe
Name of Responsible Person / Identified Responsible Person Approving Qip	Norma McAllister

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lyn Buckley	10/02/15
Further information requested from provider			