



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	16790
<b>Establishment ID No:</b>	11974
<b>Name of Establishment:</b>	Weavers House
<b>Date of Inspection:</b>	29 July 2014
<b>Inspector's Name:</b>	Raymond Sayers

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Weavers House
<b>Address:</b>	Moneymore Rd Cookstown BT80 8EH
<b>Telephone Number:</b>	028 86767684
<b>Registered Organisation/Provider:</b>	Runwood Homes Ltd/Nadarajah (Logan) Logeswaran (Registration Pending)
<b>Registered Manager:</b>	Ms Michelle Devlin(Acting)
<b>Person in Charge of the Home at the time of Inspection:</b>	Ms Michelle Devlin
<b>Other person(s) consulted during inspection:</b>	Mr Thomas Patterson (Maintenance Officer)
<b>Type of establishment:</b>	Nursing Home
<b>Number of Registered Places:</b>	65
<b>Categories of care:</b>	RC-DE,RC-I,RC-PH,RC-PH(E); NH-DE
<b>Conditions of registration:</b>	: RC-DE maximum 24;RC-I,RC-PH,RC-PH(E) maximum 12;NH,DE maximum of 18 located on Ground Floor
<b>Date and time of inspection:</b>	29 July 2014 from 12.10 – 12.40 hrs
<b>Date of previous estates inspection:</b>	11 April 2012 pre-registration inspection
<b>Name of Inspector:</b>	Raymond Sayers

## **2.0 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.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of 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.

The aims of the inspection were to examine the estates related 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;
- Nursing Homes Minimum Standards (DHSSPS, 2008).

Other published standards which guide best practice may also be referenced during the Inspection process.

## **4.0 METHODS/PROCESS**

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

- Discussion with Ms Michelle Devlin and Mr Thomas Patterson;
- Examination of records;
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted;
- Evaluation and feedback;

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

## 5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Ms Michelle Devlin and Mr Thomas Patterson.

## 6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### Standards inspected:

- Standard 32 - Premises and grounds;
- Standard 35 - Safe and healthy working practices;
- Standard 36 - Fire Safety.

## 7.0 PROFILE OF SERVICE

Weaver's 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 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, all are tastefully decorated 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.

In addition to the communal sitting areas on each floor, a café style area is available on the ground floor. This is for the use of all patients and residents. The café will provide an additional area for patients and residents to take visitors for a cup of tea.

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.

The front door and internal door in the entrance hall are maintained locked with access by a numbered keypad. Access to the home during normal office hours will be managed by reception staff. Out of hours access will be managed by nursing and care staff who have access to an external camera within the telephone system to confirm the visitor's identity before allowing entry to the home.

## **8.0 SUMMARY**

Following the Estates Inspection of Weavers House on 29 July 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 32 - Premises and grounds;
- Standard 36 - Fire Safety.

The inspection resulted in two requirements, outlined in the quality improvement plan appended to this report.

The building fabric and services are maintained to a good standard.

A number of corridor double leaf fire doors have sustained drying out shrinkage movement and require to be repaired. When the repair works are completed all the doors should be subjected to a planned maintenance inspection regime.

The Estates Inspector would like to acknowledge the assistance of Ms Michelle Devlin and Mr Thomas Patterson during the inspection process.

## 9.0 INSPECTION FINDINGS

### 9.1 Recommendations and requirements from previous inspection

This is the initial planned periodic estates inspection completed for this home and therefore there are no previous recommendations/requirements to review.

### 9.2 **Standard 32 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activity and procedures; however there is an area of external lawn requiring some attention in order to comply with this standard. The item requiring corrective action by the registered persons is detailed in report paragraph 9.2.2 and in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.

9.2.2 A section of the dementia patient external day space lawn situated adjacent the perimeter fence has a rough and uneven surface; It is understood that this was resultant from the excavation of a service duct trench, which was not back-filled and re-seeded effectively.  
(Reference: Quality Improvement Plan Item 1 )

### 9.3 **Standard 35 - Safe and healthy working practices** - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home, compliant with this standard; no issues were identified for attention by the registered persons.

### 9.4 **Standard 36: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures implemented in the home are compliant with this standard. Records inspected demonstrate satisfactory attention to fire safety matters.

A facility fire risk assessment was completed by an accredited fire risk assessor on 6 June 2014.

There is however one issue which requires corrective action. This item is detailed in report paragraph 9.4.2 and in the attached quality improvement plan section titled '**Standard 36: Fire safety**'.

- 9.4.2 A number of corridor sub-compartment 30 minute fire & smoke resistant doors (FD30S) have potentially become ineffective in preventing the passage of "cold smoke"; a significant gap has developed between the meeting stiles of some corridor double leaf fire doors.  
(Reference: Quality Improvement Plan Item 2 )

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement plan appended to this report were discussed with Ms Michelle Devlin as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

## **11.0 Enquiries**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**





The **Regulation** and  
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Authority

## Quality Improvement Plan

- for -

## Announced Estates Inspection

- of -

**Weavers House Nursing Home; RQIA ID (11974)**

- on -

**29 July 2014**

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		R.Sayers	<b>22/10/14</b>
C.	Clarification or follow up required on some items.					

**NOTES:**

The details of the quality improvement plan were discussed with Ms Michelle Devlin and Mr Thomas Patterson during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

**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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Brenda Rushe
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Logan Logeswaran

Announced Estates Inspection to Weavers House Nursing Home on 29 July 2014

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## Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 27 (2)(b) & (o)	Level and re-seed the /damaged/disturbed section of the rear dementia patient garden adjacent the perimeter fence; the surface should be level and without trip hazards. The garden area should be upgraded in compliance with dementia friendly recommended environmental standards. (Reference: Report section 9.2.2)	12 weeks	The Estates Director for Runwood Homes examined the area on 16/10/14. On examination that day it would appear to have repaired itself very well and the trench was barely visible. We are currently planning to redevelop the complete garden with the involvement of the residents and staff, we shall develop a sensory garden but as we are approaching the winter this would not be the best time to commence works etc. We aim to commence a new sensory garden early spring.

Announced Estates Inspection to Weavers House Nursing Home on 29 July 2014

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## Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	Regulations 27.(4)(c) & (d)(i)	Complete a condition survey of all fire doors; implement appropriate corrective action to prevent the potential passage of "cold smoke" at corridor double leaf fire doors. (Reference: Report section 9.4.2)	4 weeks	Actioned immediately and all work completed by 1 <sup>st</sup> August 2014.

Announced Estates Inspection to Weavers House Nursing Home on 29 July 2014

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