

# Unannounced Care Inspection Report 18 August 2020



## Weavers House Nursing Home

Type of Service: Nursing Home

Address: 40 Moneymore Road, Cookstown, BT80 8EH

Tel No: 028 86 767 684

Inspector: Gillian Dowds

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 18 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual(s):</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Miss Andrea Harkness – 12 June 2020
<b>Person in charge at the time of inspection:</b> Andrea Harkness	<b>Number of registered places:</b> 18  A maximum of 18 patients in category NH-DE
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 18

### 4.0 Inspection summary

An unannounced inspection took place on 18 August 2020 from 09.40 to 18.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control Practices (IPC)
- Environment
- Care delivery
- Patients' care records
- Governance and management.

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
<b>Total number of areas for improvement</b>	0	*7

\*The total areas for improvement include five areas under the standards carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Andrea Harkness, 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.

## 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 three patients and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients'/patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota from 17 to 30 August 2020.
- incident/accident records
- a sample of monthly monitoring reports or monthly monitoring reports
- a sample of governance records
- complaints/compliments records
- three patients' care records
- COVID-19 information file
- RQIA registration certificate.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 7 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	<p>The registered person shall ensure that the delivery of safe and effective care is supported by accurate record keeping. This is in accordance with legislative requirements, care standards and professional standards and guidance.</p> <p>This refers to those deficits discussed in this report, namely:</p> <ul style="list-style-type: none"> <li>• prescribed fluid targets should be documented on care plans and meaningfully evaluated in daily records by nursing staff</li> <li>• pressure relieving device settings should be recorded in patients' care plans as appropriate and kept under regular review</li> <li>• patient centred care plans should be in place for those patients living with a diagnosis of dementia</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A review of records evidenced this area for improvement was met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 14.12 <b>Stated:</b> Second time	<p>The registered person shall ensure a reconciliation of patients' personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly.</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b>  This area for improvement was not reviewed at this inspection and was carried forward for review at a future inspection.</p>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.</p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was not reviewed at this inspection and was carried forward for review at a future inspection.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.6</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.</p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was not reviewed at this inspection and was carried forward for review at a future inspection.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSPS policy, procedures, guidance and best practice guidance.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records were stored safely and securely.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a system is in place to monitor the provision and effectiveness of staff training.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records and observation of staff practices evidenced that this area for improvement was met.</p>		

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the recording of wound care to ensure the detail of the care delivered is consistently recorded and in keeping with best practice guidance.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of wound care documentation evidenced that this was consistently recorded in keeping with best practice guidance.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that when food is delivered to patients in their bedrooms or another sitting area all food is appropriately covered.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the serving of the lunch time meal evidenced that this area for improvement was met.</p>		
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that at least two signatures are recorded against the transactions from the patients' comfort fund.</p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was not reviewed at this inspection and was carried forward for review at a future inspection.</p>		
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 14.9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall contact the Health and Social Care Trust to ensure that the items held in the safe place are forwarded to the patient identified during the inspection.</p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was not reviewed at this inspection and was carried forward for review at a future inspection.</p>		

## 6.2 Inspection findings

### 6.2.1 Staffing

During the inspection we observed that patients' needs were met by the number and skill mix of staff on duty. No concerns regarding staffing levels were raised by staff or patients during the inspection. Staff told us that teamwork was good and that the management team was supportive and approachable.

Staff told us that they felt well equipped to carry out their role; a programme of mandatory training was in place. This included updates on the use of personal protective equipment (PPE) and infection prevention and control (IPC) measures during the COVID-19 pandemic.

Staff were knowledgeable about the actions to take if they had any concerns about the patients' in their care.

Staff were seen to be attentive to the patients; the atmosphere in the home was calm and unhurried. Staff commented positively about working in the home; they told us:

"We have good teamwork."

"It's brilliant here."

"Staffing levels are ok; it can be the skill mix sometimes."

All comments were passed to the manager for consideration.

### 6.2.2. Infection Prevention and Control Practices (IPC)

Signage was in place at the entrance of the home to reflect the current guidance on Covid-19. Staff and visitors entering the home had their temperature checked on arrival. Hand sanitizers and the recommended PPE was available.

PPE was available at various stations throughout the home and stations were well stocked. Staff assured us they had sufficient stocks of PPE at all times. Staff changing facilities were also allocated.

We observed the domestic staff carrying out extra cleaning to the touchpoints in the home and staff confirmed there were daily supervisions of staff for the donning (putting on) and the doffing (taking off) of PPE. A record of the supervision was maintained.

### 6.2.3 Environment

We reviewed a sample of patients' bedrooms, bathrooms, storage areas and communal areas. There were good examples of personalisation of patients' bedrooms and it was positive to see ongoing refurbishment in the home by the maintenance staff with the redecoration of the hairdresser's room, painting of the nurses' station and the plans to repaint the dining room.

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



#### **6.2.4 Care delivery**

We observed that the patients were well cared for; they were well groomed and nicely dressed. Staff were aware of their patients' needs, they were friendly and attentive.

Patients were content and the atmosphere in the home was calm and relaxed.

Patients said;

"Everyone is nice here."

"They are the best."

"They are awful good here."

We observed the serving of lunch and observed that staff were aware of the patients' dietary needs. The meal on offer was well presented and smelled appetising. Staff were present to provide assistance and encouragement. Condiments were available for the patients and a variety of drinks were offered.

#### **6.2.5 Care records**

We reviewed the wound care records for one patient. These records evidenced that individualised care plans were in place and were reflective of the multidisciplinary recommendations. The records evidenced that the care plans had been regularly reviewed and the frequency of the dressing change was accurately recorded and carried out as recommended in the care plan. The wound care evaluation was documented as required.

We reviewed the falls protocol in place for one patient; we observed that appropriate actions had been taken and relevant care plans and risk assessments were in place.

The records reviewed evidenced that there were care plans and associated risk assessments completed and reviewed monthly. However, we evidenced that some care plans did not consistently reflect the patient's needs in relation to bowel management. An area for improvement was made.

We also evidenced that there daily progress notes did not fully reflect the care provided and were difficult to follow. We discussed this with the manager and an area for improvement was made.

#### **6.2.6 Governance and management arrangements**

We reviewed a sample of governance audits in the home. These audits identified areas in the home that required improvement; we observed that action plans were developed and timeframes for completion were visible.

Staff were complimentary about the manager and advised that they found her supportive and approachable.

We reviewed a sample of the monthly monitoring reports. We noted that these reports had been completed in a robust and effective manner and an action plan within these reports had been developed to address any issues identified.

## Areas of good practice

We observed areas of good practice in staffs' interactions with patients and the staffs' awareness of the patients' needs.

Areas of good practice were also identified in relation to staffing, teamwork and the ongoing refurbishment of the environment.

## Areas for improvement

Areas for improvement were identified in relation to care plans and patient centred evaluation of care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3 Conclusion

Patients were attended to in a friendly manner and staff were aware of their patients' needs. The environment in the home was clean and well presented. Patients appeared content in their surroundings.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Harkness, 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 Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.12  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 October 2019	<p>The registered person shall ensure a reconciliation of patients' personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly.</p> <p>Ref: 6.1</p> <p><b>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.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 22 November 2019	<p>The registered person shall ensure that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services. The registered person shall xxx</p> <p>Ref: 6.1</p> <p><b>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.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 2.8  <b>Stated:</b> Second time  <b>To be completed by:</b> 22 November 2019	<p>The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.</p> <p>Ref: 6.1</p> <p><b>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.</b></p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 14.10  <b>Stated:</b> First time  <b>To be completed by:</b> 8 October 2019	<p>The registered person shall ensure that at least two signatures are recorded against the transactions from the patients' comfort fund.</p> <p>Ref: 6.1</p> <p><b>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.</b></p>

<p><b>Area for improvement 5</b></p> <p>Ref: Standard 14.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 November 2019</p>	<p>The registered person shall contact the Health and Social Care Trust to ensure that the items held in the safe place are forwarded to the patient identified during the inspection.</p> <p>Ref:6.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered persons shall ensure that the care plans accurately reflect the needs of the patients in relation to bowel management.</p> <p>Ref:6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><b>Supervision complete with all nursing staff in relation to care planning</b>  <b>Example care plans have been provided to the nurses to refer to for assistance</b>  <b>Audits are being complete by home manager to monitor care planning</b></p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the daily evaluations of care a patient centred, meaningful and reflective of the care provided.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  <b>Nurses have been provided a supervision about daily evaluation of care</b>  <b>Example of expectations of daily evaluations have been provided to nurses</b>  <b>Management will monitor daily evaluations</b></p>

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



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