



Unannounced Follow Up Care Inspection Report 11 May 2018



Weavers House

Type of Service: Nursing Home
Address: 40 Moneymore Road, Cookstown, BT80 8EH
Tel No: 028 8676 7684
Inspector: James Laverty

www.rqia.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 care for up to 18 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager: Brenda Rushe
Person in charge at the time of inspection: Brenda Rushe	Date manager registered: 23 January 2018
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 18

4.0 Inspection summary

An unannounced inspection took place on 11 May 2018 from 10.00 to 14.15 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.

RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect to another service.

This inspection was undertaken to provide assurance in relation to the management and governance arrangements within Runwood Homes and the safety and wellbeing of patients in Weavers House.

The inspection also assessed progress with any areas for improvement identified during and since the last inspection.

The following areas were examined during the inspection:

- the use of Weavers House to conduct business in respect to another service
- governance and management arrangements
- monthly quality monitoring visits by the registered provider
- recruitment and selection of staff
- registration of staff with their professional bodies.

Care staff who were spoken with stated that they had no concerns in relation to the management and governance arrangements within Weavers House and that they felt supported in their role. Some concerns were raised by the registered manager in regards to the quality of the monthly monitoring reports, senior management reporting arrangements, occasional

difficulties contacting the responsible individual and business objectives creating a challenging culture in which to work. An area for improvement under regulation was made in regards to monthly monitoring visits.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and 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

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2018. 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:

- 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 Brenda Rushe, registered manager, and two care staff.

The following records were examined during the inspection:

- four reports of monthly quality monitoring visits by the registered provider
- three staff recruitment files
- staff registration with professional bodies.

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 registered manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 January 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that reports of visits undertaken on behalf of the responsible individual are available in the home as required. Ref: Section 6.7	Met
	Action taken as confirmed during the inspection: Review of governance records and discussion with the registered manager evidenced that monthly monitoring visit reports were available within the home as required.	

6.3 Inspection findings

6.3 1 Use of premises by unregulated service

The registered manager advised that the premises were not used to conduct business in respect to another service. They were not aware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments.

6.3.2 Governance and management arrangements

There was a clear organisational structure within the home and all staff were aware of their roles, responsibility and accountability. Care staff spoke positively about the sense of teamwork which existed within the home and the support they received from the registered manager.

The registered manager outlined the management arrangements and governance systems in place within the home. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager stated that both, Ms Amanda Leitch, Head of Quality and Governance and Ms Rosemary Dilworth, Regional Care Director, provided senior management support in the home. Ms Rosemary Dilworth provided the registered manager with monthly professional supervision during which matters relating to the running of the home could be discussed and escalated effectively, which she valued. With the recent senior management changes, the registered manager stated that there was some ambiguity about who to report to if there was a concern.

The registered manager stated that whilst senior management were supportive, on occasion there could be a delay in receiving a reply to an email, voicemail or text message from the Responsible Individual.

The registered manager was of the opinion that operational objectives set by the new management team, which focused, in part, on reducing the use of agency staff and promoting patient occupancy, at times created a challenging culture in which to work.

Discussion with care staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

6.3.3 Visits by registered provider

The registered manager confirmed that visits by the registered provider were undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

Review of the last four reports dated 18 January 2018, 28 February 2018, 22 March 2018 and 12 April 2018 evidenced that:

- the visit on 18 January 2018 had been conducted by Ms Carol Shields, Dementia Services Manager; the visit on 28 February 2018 had been conducted by Ms Amanda Leitch; the visit on 22 March 2018 had been conducted by Ms Siobhan Conway (a registered manager of another nursing home within the Runwood Homes group); the visit on 12 April 2018 had been conducted by Mr Sam Warren (a regional locum nurse within the Runwood Homes group)
- the reports contained the date of visit; the time commenced and the time concluded
- residents were spoken with as part of the visit
- staff were interviewed as part of the visit

- there is a system in place to escalate areas for concern up through the governance structures within Runwood Homes

A number of weaknesses in relation to these monthly monitoring records were found, namely:

- sections of the report, specifically the audit of incidents/accidents and the number of patients within the home had not been completed (this relates to the 18 January 2018 and 28 February 2018 reports, respectively)
- the record of who conducted the visit and the corresponding signatures was inconsistent (this relates to the 18 January 2018 report)
- while the registered manager confirmed that she received verbal feedback at the conclusion of these monthly monitoring visits and that their content was accurate, some reports lacked the registered manager's signature evidencing this (this relates to the 18 January 2018 and 22 March 2018 reports)
- reports evidenced that a disproportionately small number of patients had been interviewed as part of the visit, specifically: two patients during the 28 February 2018 and 22 March 2018 visits and one patient during the 12 April 2018 visit. The inspector was not assured that this enabled the person conducting the visit to form a sufficiently informed opinion of the standard of nursing care being provided within the home
- while the 12 April 2018 report did identify a deficit with regards to a patient's care record, there was no corresponding action plan to address the issue. There was also no review within the report, of four issues which had been identified within the previous monthly monitoring report
- the time commenced/time concluded entries within the 22 March 2018 report, did not differentiate between Weavers House Nursing Home and Weaves House Residential Care Home.

These shortfalls were highlighted to the registered manager and an area for improvement under regulation was made.

6.3.4 Recruitment and selection of staff

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of three staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

6.3.5 Registration of staff with their professional bodies

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). A review of governance records confirmed that registration of nursing staff with the Nursing and Midwifery Council (NMC) was reviewed on a monthly basis by the registered manager. Discussion with the registered manager and a review of governance records relating to care staff registration with the Northern Ireland Social Care Council (NISCC), confirmed that these records were reviewed on a monthly basis by both the registered manager and home administrator. NISCC records for four care staff were viewed by the inspector and found to be satisfactory.

Areas of good practice

There were examples of good practice found in relation to the procedures in respect of staff recruitment, the arrangements to monitor and review staff registration with professional bodies and staff communication within the home.

Areas for improvement

An area for improvement under regulation was made in relation to monthly monitoring reports.

	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 residential care 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 Homes 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 via Web Portal for assessment by the inspector.

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 (4) (a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the weaknesses identified during this inspection in relation to monthly monitoring visits are addressed in order to ensure compliance with legislative requirements and consistency of approach.</p> <p>Ref: Section 6.3.3</p>
	<p>Response by the registered person detailing the actions taken:</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)