Inspection Report
01 June 2021

Loughshore 1

Type of Service: Residential Care Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Tel no: 028 9085 5888

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: **Amore (Watton) Ltd** **Responsible Individual:** Ms. Nicola Cooper	**Registered Manager:** Miss Catherine Busby **Date registered:** 17 July 2018
Person in charge at the time of inspection: Ms Catherine Busby	**Number of registered places:** 15
Categories of care: Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years.	**Number of residents accommodated in the residential care home on the day of this inspection:** 14
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 15 persons. Resident bedrooms are located over the two floors. Residents have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 1 June 2021 from 9:30 am to 6:30 pm by the care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Feedback from the manager, staff and residents, review of records and observation of the environment provided assurance that care to residents within the home was safe, effective, compassionate and well led.

Residents were supported by staff to have meaning and purpose in their daily life; interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

As a result of this inspection areas for improvement were identified in regard to fire training and updating the fire risk assessment.

Further areas for improvement were identified in regard to the internal environment, infection prevention and control (IPC), access to hazards, a review of the menus; ensuring care records are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI) guidance and the auditing process.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Loughshore 1 was safe, effective, and compassionate and that the home was well led. This will be further improved through compliance with the areas of improvement identified.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with six residents and five staff. The residents we spoke with expressed no concerns and those residents who were not able to voice their opinions verbally were seen to be relaxed and comfortable in their interactions with staff. Staff told us they worked well as a team and that and enjoyed their work.

Staff also told us that they felt supported in their role and that the manager was approachable. No questionnaires or staff survey responses were returned within the indicated timeframe.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 August 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13.7 **Stated:** First time	The registered person shall ensure in relation to infection prevention and control staff adhere to department of health and public health guidance for the correct use of PPE and best practice guidance for effective handwashing.	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement was partially met and will be stated for a second time. This is discussed further in section 5.2.4.	
Area for Improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that all areas of the home remain clean and clutter free. This is in relation to, but not limited to the residents' laundry and kitchen areas.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met as stated.	
Area for Improvement 3 **Ref:** Regulation 27 (4) **Stated:** First time	The registered person shall ensure that the resident's laundry is decluttered and any items inappropriately stored are removed.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met as stated.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 **Ref**: Standard 20.11 **Stated:** First time	The registered person shall ensure the monthly monitoring report includes any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.	**Met**
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was met.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at recruitment. There was a system in place to ensure staff were recruited correctly to protect patients as far as possible we observed on one recruitment file that the employment history for one candidate had not been fully explored. This was discussed with the manager who agreed to ensure this would be completed. Progress will be reviewed at the next inspection. Staff were provided with an induction programme to prepare them for working with the residents.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding awareness. These records evidenced that not all staff had attended their second fire training session and an area for improvement was identified.

Staff said there was good team work, that they felt well supported in their role and the level of communication between staff and management. Staff spoken with stated that they were satisfied with planned staffing levels but at times these were not achieved due to short notice sickness. Staff advised that there were systems in place to manage this.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty.

Residents said they were happy in Loughshore 1. They told us that staff were friendly and supportive.

There was a system in place to monitor the registration status of care staff with their appropriate regulatory body on a regular basis.

There were systems in place to ensure staff were inducted properly, staff told us they felt supported in their role and that team work was good. Compliance with the area for improvement identified will further enhance safe care.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy.

All staff were required to completed mandatory adult safeguarding training; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about residents' safety and/or poor practice.

There was a system in place to ensure that any complaints to the home were addressed. The manager completed a record of any complaints made, the action taken, the outcome and whether or not the complainant was satisfied with the outcome.

Review of records and discussion with the manager and staff confirmed the use of restrictive practices was effectively managed especially for those residents who had difficulty in communicating their needs.

Staff were observed to be prompt in recognising patients' needs and early signs of distress, especially in those residents who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were seen to be respectful, understanding and sensitive to their needs.

A review of records, observation of practice and discussion with staff established that there were appropriate safeguards in place to support residents to feel safe and be safe.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Inspection of the homes environment included a selection of bedrooms, communal areas such as lounges and bathrooms and storage spaces. Residents' bedrooms were personalised with items important to them and reflected their likes and interests.

Some areas of the home required maintenance or redecoration and some flooring and various items of furniture also needed replaced or deep cleaned. An area of improvement was identified.

In one identified bathroom unlabelled toiletries and other products were accessible by residents in an unlocked cupboard and a cleaning store was observed to be unlocked. This was discussed with the manager and was identified as an area for improvement.

We reviewed fire safety arrangements within the home; the fire risk assessment available for inspection was dated 4 December 2019. The manager later forwarded the annual in house review of fire safety which was conducted in January 2021. Upon submission both of these documents were reviewed by the RQIA estates inspector who provided the following information.

The fire risk assessment should be reviewed annually, or following any significant changes to the premises, to ensure it remains valid (Northern Ireland Health Technical Memorandum 84). It is therefore important that this fire risk assessment is reviewed to ensure that the overall risk identified has been reduced from 'Moderate' to 'Tolerable' as stated therein.

The in house 'Annual Review of Fire Safety Management Plan' which is completed annually, is a comprehensive audit tool and its use should be commended. However, it cannot be considered to be a fire risk assessment as it does not provide any mechanism for assessing the overall risk within the premises or for the ongoing review of this risk. An area for improvement was identified.

There were systems in place to ensure the environment of the home was maintained. The home's environment will be improved through compliance with the areas for improvement identified.

5.2.4 How does this service manage the risk of infection?

Discussion with the manager confirmed that there were arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. The home had implemented the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance. (PPE) as required.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. However, on the day of inspection we observed some staff with jewellery and/or false nails or nail varnish on. Staff were also observed at times not fully compliant with the PPE guidance. This was discussed with the manager and an area for improvement was stated for a second time.

Following the previous inspection action had been taken to address the clutter and inappropriate storage of the residents' laundry and kitchen areas however some of the en-suite bathrooms required additional cleaning and in some appropriate storage for personal belongings was required. An area for improvement was identified.

It was established that appropriate arrangements were in place to manage the risk of infection and will be improved through compliance with the area of improvement identified.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents' care needs, ensure residents' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. Residents care records were maintained and accurately reflected the needs of the residents.

Discussion with the manager and staff and review of care records provided assurance that residents' risk of falling was managed. The manager regularly completed an analysis of falls within the home to determine if anything more could be done to prevent future falls occurring. There was also evidence of appropriate onward referral as a result of this analysis, to other professionals.

There was a system in place to ensure accidents and incidents were appropriately managed, monitored and notified to resident's next of kin, care manager and RQIA.

Care plans were in place for those patients who required additional staff support; there was evidence that these care plans were agreed in conjunction with the residents and the multi - disciplinary team.

There was evidence that residents' needs in relation to nutrition were being met. Residents' weights were checked at least monthly to monitor weight loss or gain. Residents were given a choice as to where they could eat their meal and some chose to sit outside in the garden. There was a lively atmosphere with some residents socialising with one and other. Staff were present to supervise residents with their meals as required. Residents said they had enjoyed their meal.

Whilst residents had a choice from two main dishes at each meal there were also other options if residents don't like either meal, or simply wanted something different. Residents told us they also cooked their own meals. A review of the planned menus evidence that the choice available to residents were at times repetitive. We discussed this with the manager and an area for improvement was identified to review the menus with the residents to develop the menus further to include more varied alternatives.

Residents' needs were clearly identified and communicated across the staff team. Compliance with the areas for improvement will further enhance the delivery of care.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially. The records reviewed for a resident who required a modified diet were not fully reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI) guidance. This was discussed with the manager and an area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records reviewed, care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

This review of care records confirmed that care records generally provided details of the care each resident required and were reviewed regularly to reflect the changing needs of the residents.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us as part of her planned activities she was going to the local shopping centre. Other residents were observed taking part in arts and crafts and enjoying the sunshine in the garden.

Observation of practice confirmed that staff engaged with residents on an individual and group basis throughout the day. They were observed to be prompt in recognising residents' needs and any signs of distress, especially in those residents who had difficulty in making their wishes known.

The manager advised that activities in the home were ongoing and individual activity plans were in place for the residents to structure their day including activities such as attendance in school and daily trips out on the bus with staff.

There were systems in place to support residents to have meaning and purpose to their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However some of the audits such as the environmental and IPC audits failed to identify deficits observed during the inspection. This was discussed with the manager who agreed to update the homes' environmental and infection prevention control audit to enable an action plan to be developed. This was identified as an area for improvement.

There was a system in place to manage complaints and to record any compliments received about the home.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.
We discussed further development of consultation with the service users and their relatives and progress with this will be reviewed at the next inspection.

There were systems in place to monitor the quality of care delivered to residents and to ensure that residents were safely looked after.

6.0 Conclusion

Feedback from the manager, staff and residents, review of records and observation of the environment provided assurance that care to residents within the home was safe, effective, compassionate and well led.

Residents were supported by staff to have meaning and purpose in their daily life; interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

As a result of this inspection areas for improvement were identified in regard to fire training and updating the fire risk assessment.

Further areas for improvement were identified in regard to the internal environment, infection prevention and control (IPC), access to hazards, a review of the menus; ensuring care records are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI) guidance and the auditing process. Details can be found in the Quality Improvement Plan.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and or the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	3*	6

* The total number of areas for improvement includes one that has been stated under regulations for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Catherine Busby, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** Second time **To be completed by:** Immediately and ongoing	The registered person shall ensure that staff adhere to department of health and public health guidance for the correct use of PPE and best practice guidance for effective handwashing. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: The Hand Hygiene Policy has been printed and circulated with the staff team signatures attached and daily handwashing audits are completed. These are reviewed by the home manager daily for compliance. Staff attended a meeting held 14th June 2021 and the agenda highlighted the appropriate use of PPE. The appropriate use of PPE is monitored daily by Manager quality walk rounds and or Person in charge of the home in the absence of the Manager to ensure staff adhere to the Department of Health and Public Health Agency guidance.

Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure that as far as reasonably practicable unnecessary risks to the health and safety of residents is identified and so far as possible eliminated. This is stated in relation to the access to unlabelled toiletries in the communal bathroom and access to the cleaning store. Ref:5.2.3
	Response by registered person detailing the actions taken: Management of the home completes daily Quality Walkrounds to monitor and ensure that no items are left unattended in communal bathrooms and the cleaning stores are locked when not in use. The Environmental Quality Walkround audit has been enhanced for Senior staff to check this on each shift. These are monitored by the Management of the home and themes and trends discussed at monthly governance meetings.
Area for improvement 3 **Ref:** Regulation 27 (2) (d) Stated: First time To be completed by: 1 September 2021	The registered person shall ensure that the environmental and IPC audits are completed and further developed to ensure deficits are identified and action plans are produced to address the deficits identified. Ref: 5.2.8
	Response by registered person detailing the actions taken: Loughshore 1 has a redecoration plan in place to ensure that close monitoring of requests and works are being completed. Internal painting, floor replacements of two lounges, new sofas and bathroom cabinets has been approved to be completed. New furniture to arrive September 2021. These plans will be reviewed and monitored via the monthly governance meting and regulation 29 visits
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 **Ref:** Standard **Stated:** First time	The registered person shall ensure that all persons employed in the home receive mandatory fire safety training applicable to the setting. Ref:5.2.1

To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** Fire safety training is completed bi annually as per requirement. Fire Marshall training has been booked to ensure full compliance in staff in receipt of Mandatory training. Staff are booked in on Fire Marshall training 5th and 18th August 2021.
Area for improvement 2 **Ref:** Standard 29.1 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the fire risk assessment is reviewed annually in accordance with current legislation and guidance, and ensure that the level of risk is maintained at a tolerable level. Ref:5.2.3
	Response by registered person detailing the actions taken: Due to COVID-19 pandemic, we completed an internal audit reviewing the Fire Risk Assessment completed 4th December 2019 which supports the Priory Group's policy in Fire Safety. To ensure Loughshore works in accordanc of the current legislation and guidance, a fire risk assessment has been organised for 30th September 2021 and will be completed annually.
Area for improvement 3 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 30 September 2021	The registered person shall ensure that the areas identified at his inspection in regard to the homes' environment are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Environmental Quality Walkround has been enhanced to make the audit tool more bespoke to the service and ensure monitoring of the areas of concern. A staff meeting was completed 14th June 2021 to provide feedback of the IPC audit and request full compliance in maintaining a safe environment.
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time	The registered person shall ensure attention to detail for the cleaning of the en-suite bathrooms and review the arrangements for the storage of residents' belongings to enable effective cleaning. Ref:5.2.4

To be completed by: Immediately and ongoing	**Response by registered person detailing the actions taken:** A deep clean has been completed with Domestic staff and observed by Home Manager. Daily cleaning schedules have been adapted to include the areas of concern are monitored daily and cleaned. The Environmental Quality Walkround has also been adapted to ensure further monitoring of areas of concern.
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 30 August 2021	The registered person shall ensure that menus are reviewed incorporating resident choice to enable a variety options. Ref: 5.2.5
	Response by registered person detailing the actions taken: A review of the Menu's has been completed with the residents to include a wider variety of meal options be provided as well as ensuring the menu is person centred to their choice.
Area for improvement 6 **Ref:** Standard 5.5 **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure that for those residents who require a modified diet all care records are reflective of the IDDSI guidance. Ref:5.2.6
	Response by registered person detailing the actions taken: The correct terminology of IDDSI guidance has been actioned and is evident in both the care and behaviour support plan of the resident identified on the day of the inspection.

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

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