

# Inspection Report

<b>Name of Service:</b>	<b>Loughshore 1</b>
<b>Provider:</b>	<b>Amore (Watton) Ltd</b>
<b>Date of Inspection:</b>	<b>3 April 2025</b>

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Amore (Watton) Limited
<b>Responsible Individual:</b>	Miss Sarah Elizabeth Perez
<b>Registered Manager:</b>	Charlene Reid
<p><b>Service Profile –</b></p> <p>This home is a registered residential care home which provides health and social care for up to 15 residents. The home is divided in to three units over two floors.</p> <p>Residents’ bedrooms all have en-suite facilities. Residents have access to communal lounges, dining rooms and individual enclosed garden areas.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 3 April 2025, between 9.45 am and 4.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA during the last care inspection on 30 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will

be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents described staff as "very good". Residents spoken with said that they were happy living in Loughshore 1. Comments included, "it is very nice, staff are good" and "the staff talk to you."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could choose when they wished to have their meal and what daily activity they wished to attend.

Staff said that they enjoyed working in Loughshore 1, staff comments included, "this home is well run, we have great support," and "it is a great staff team we are like a family." One staff member commented, "It is a privilege to work here."

No additional feedback was received from residents, relatives or staff following the inspection.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

### 3.3.2 Quality of Life and Care Delivery

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.

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

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Although the menu for the day was not on display residents had been made aware of the choices. This was discussed with the manager who agreed to ensure that moving forward the menu was displayed in a suitable location and in a suitable format. This will be reviewed at a future inspection.

Mealtimes were flexible to suit the needs of each individual resident. Staff were observed offering choices of meals and where they wished to eat. Staff were also observed supporting one resident who expressed a wish to make her own meal.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

The importance of engaging with residents was well understood by the manager and staff. Each resident had their own individual activity planner, activities included, swimming, art, games and walks. On the day of the inspection two residents had been horse riding. Residents were observed to be chatting with staff, playing games and going out for a walk.

Life story work with residents helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

It was noted that some records were stored in the home's 'linen cupboard' and not held confidentially; this was discussed with the manager for immediate action. An area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

The outside garden was in need of weeding and cigarette butts and used PPE was found to be lying around the outside of the home. This was discussed with the manager who arranged for the gloves to be cleared away. An area for improvement was identified.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, air freshener was located in one of the lounges and prescribed creams had not been locked away. An area for improvement was stated for a second time.

It was noted that some fire doors were propped open, this was discussed with the manager for action. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However; some staff were wearing gel nail polish, which is not in accordance with good practice in infection prevention and control. This was discussed with both the staff and manager during feedback for action. An area for improvement was identified.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mrs Charlene Reid has been the registered manager of this home since 26 January 2024. Residents and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager

responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Compliments to the staff team included, “thank-you for everything” and describe the home as an “environment for people to live their best lives.”

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	2

\* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> Second time <b>To be completed by:</b> 3 April 2025	<p>The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager will ensure that policies and procedures in place are followed that ensures the safety of the residents.            This has been discussed with the Team.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 19 (1) (b) <b>Stated:</b> First Time <b>To be completed by:</b> 3 April 2025	<p>The registered person shall ensure that confidential information relating to residents are safely secured at all times.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager will ensure that confidential information is secured at all times.            This has been discussed with the Team.</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 April 2025	<p>The registered person shall ensure that fire safety precautions are in place to protect residents, staff and visitors. This area for improvement is in relation to the propping open of fire doors.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>  The registered manager will ensure that fire safety precautions are followed at all times through monitoring and auditing processes.  This has been discussed with the Team.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2025	<p>The registered person shall ensure that the grounds are kept tidy, safe, suitable for and accessible to all residents.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>  The registered manager will ensure that the grounds are safe, tidy and suitable with clear access at all times.  This has been addressed and discussed with the Team.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2025	<p>The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically, that staff are bare below the elbow when on duty.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>  The manager will continue to monitor and address any short falling within this area to ensure that guidance by PHS is followed.</p>

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





The Regulation and  
Quality Improvement  
Authority

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