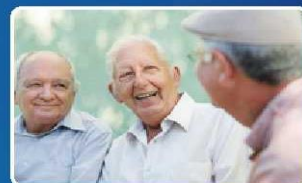


Inspection Report

7 June 2022



Loughshore 1

Type of service: Residential

Address: 646 Shore Road, Newtownabbey, BT37 0PR

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Ltd Responsible Individual: Miss Sara Elizabeth Perez - not registered	Registered Manager: Miss Charlene Reid – not registered
Person in charge at the time of inspection: Miss Charlene Reid	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 home is a registered Residential Care Home which provides health and social care for up to 15 residents.	

2.0 Inspection summary

An unannounced inspection took place on 7 June 2022, from 10.05am to 6.30pm by a 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.

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. There was clear evidence that residents had a good quality of life in the home, and were supported to engage in activities which were meaningful and important to them. Residents were provided with choice, and treated with dignity and respect by caring staff.

New areas for improvement were identified in relation to ancillary staffing arrangements and management review of the culture in the home.

RQIA were sufficiently assured that the delivery of care and service provided in the home was effective, compassionate and that the home was well led.

Addressing the areas for improvement will further enhance the quality of care and services in Loughshore 1.

The findings of this report will provide the management team 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

We met with 13 residents during the inspection. Residents described good experiences living in the home and told us that staff members were nice. Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and 'thumbs up' gestures.

We spoke with ten staff during the inspection. Feedback from staff was mixed and is discussed in detail in section 5.2.1.

Compliments were retained and shared in the home. Specific comments received included, "the effort and work you've put in is not at all unrecognised and is fully appreciated. You've done a lot to increase the quality of life for service users and to increase the quality of the working environment for staff".

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

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 1 June 2021		
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: Second time	The registered person shall ensure that staff adheres to department of health and public health guidance for the correct use of PPE and best practice guidance for effective handwashing.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 27 (2) (d) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 29.4 Stated: First time	The registered person shall ensure that all persons employed in the home receive mandatory fire safety training applicable to the setting.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Standard 29.1 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: A copy of the most recent fire risk assessment was shared with the aligned RQIA Estates Inspector for the home, following the inspection. Actions were required regarding several fire doors. These actions appear to have been addressed bar the replacement of one fire door; the home was awaiting final approval from the organisation's estates team. Adequate temporary repairs had been carried out. However, it is important that all significant findings are addressed and completed within the stipulated timeframes. Therefore this area for improvement is only partially met and is stated for a second time.	
Area for Improvement 3 Ref: Standard 27 Stated: First time	The registered person shall ensure that the areas identified at this inspection in regard to the homes' environment are addressed.	Carried forward to the next inspection.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 Ref: Standard 12 Stated: First time	The registered person shall ensure that menus are reviewed incorporating resident choice to enable a variety options.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 5.5 Stated: First time	The registered person shall ensure that for those residents who require a modified diet all care records are reflective of the IDDSI guidance.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Active recruitment was ongoing in the home, and the management team were delighted to report that several applicants were successful and were due to shortly commence work in the home once the required safeguarding checks were complete.

There were systems in place to ensure staff were trained and supported to do their job and staff told us they had received a good induction on commencing work in the home.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

During the inspection, it was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was mixed feedback from staff regarding staffing levels and arrangements in the home.

Some staff described good team work and was satisfied with the support and communication between staff and management. They described residents as very happy, content and well cared for.

A number of staff were unhappy with the staffing arrangements in the home, and how this was being addressed by the management team, describing challenges due to the complex needs of the residents, many of whom required 1:1 support; ongoing staff vacancies; staff turnover; frequent use of agency staff and the availability of staff with enhanced physical restraint training.

Discussion with staff and review of the duty rota established that a cook, a driver and the activities co-ordinator were not scheduled to work at the weekends and that these tasks were to be completed by care staff. Staff highlighted the potential negative impact this had on resident's quality of life, particularly when there was a shortage of care staff. For instance, activities in the community were much more difficult to facilitate. Staff also described how this meant weekend shifts felt more pressured, which may contribute to staff sickness and absence.

The details of staff feedback were discussed at length with the management team at the conclusion of the inspection. Management acknowledged the issues raised by staff including the potential impact on staff's wellbeing and morale. Additional information was provided regarding the ongoing assessment of resident need and dependency, which will be used to review staffing levels. Staff training and support arrangements were clarified which confirmed appropriate arrangements were in place. It was acknowledged that staff recruitment and retention remained extremely challenging across the health and social sector. Recruitment remained a priority in the home and there had been several reviews of staff pay and benefits to aid this.

Prior to and at the outset of this inspection, management had informed RQIA of staffing difficulties in the home, and had submitted a robust staffing contingency plan which detailed how staffing issues were being addressed. Given this, and due to the information provided by management during the inspection, RQIA were sufficiently assured that there was robust management and oversight of the staffing arrangements in the home. However; given the inspection findings, two new areas for improvement were identified. One was in relation to review of ancillary staffing, especially at the weekends; the second was in relation to management review of the culture in the home, given the mixed feedback from staff.

5.2.2 Care Delivery and Record Keeping

Staff members 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 members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

At times, residents may be required to use measures and equipment that can be considered to be restrictive. For example, 1:1 staffing, key padded doors and physical restraint. It was established that safe systems were in place to manage this aspect of care.

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

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.

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.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was evidence that residents' needs in relation to nutrition were being met. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

A seasonal menu was in place, and this was flexible depending on the wishes and preferences of the residents. For instance, on the day of inspection, residents requested pizza for lunch instead of the planned eggs and toast and this was easily facilitated by the home.

Observation of practice and discussion with staff established that in one part of the home, some residents did not have full access to a dining room, and were eating all their meals in the lounge/T.V. room. It was clear staff cared about residents and they were unhappy with the negative impact this had on residents' dining experience. This was discussed with the management team for immediate action and review. Following the inspection, written confirmation was provided that this had been addressed, and that residents were being involved in redecorating the dining room. Therefore an area for improvement was not identified on this occasion.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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. Residents' individual likes and preferences were reflected throughout the records.

Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. It was noted that one resident's care record did not include a specific care plan regarding the management of epilepsy. This was highlighted to the management team for action who provided written confirmation following the inspection that this had been fully addressed.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy.

Some parts of the home, including carpets and flooring, were showing signs of wear and tear. One bathroom required new flooring and the bath was showing signs of rusting. Discussion with the management team established plans for redecorations were in place, however had been delayed due to the pandemic and an outbreak of illness in the home. Following the inspection, an environmental redecoration action plan was submitted, which included the work to be completed and time scales for this. It was therefore agreed that the previously stated area for improvement regarding the environment would be carried forward for review at the next inspection.

Residents' bedrooms were highly personalised reflecting resident's personality, needs and preferences. Some resident's showed us their room and told us how they took pride in keeping it clean and tidy. There was evidence throughout the home of 'homely' touches such as a resident's kitchen and art work undertaken by residents as part of the activity programme provided. The decor and wall art reflected the interests and wishes of the residents; for instance, several rooms had murals of cartoons or characters such as the Teletubbies and unicorns.

Communal areas were well decorated, suitably furnished and comfortable, with the exception of the dining arrangements as discussed in section 5.2.2 above.

There was evidence that appropriate systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents and observation of practice confirmed that they were able to choose how they spent their day. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear food and drink options, and where and how they wished to spend their time.

Residents engaged in a range of activities depending on their wishes and needs. On arrival to the home, we were greeted by a resident who was gardening with a member of staff. Some residents attended work placement, while others enjoyed a lie in, or a foot massage, arts and crafts or watching DVDs. One resident proudly showed us their bedroom, which they liked to keep clean and tidy and had decorated with their artwork. Several residents talked excitedly about attending the monthly 'Black Moon' club night at the Black box, a community event being held that night. Residents enjoyed getting dressed up and doing their hair and make-up before being driven to the event by staff. Another resident chatted happily about their plans to have a bouncy castle and slushie drink machine for their upcoming birthday in the home.

A monthly resident's newsletter and minutes of residents meetings established that residents were heavily involved in planning and making decisions about their lives in the home, and had regular opportunities to comment on aspects of the running of the home. For example, planning their activities and menu choices. The range of activities included mindfulness, bingo, shopping trips, life skills, boccia, social stories, painting, cookery sessions, aerobics, gym and swimming.

Seasonal activities were planned, such as an Easter Egg hunt. There were regular outings, including trips to the amusements in Portrush, Kidz Farm, Belfast Castle, bowling and to a Belfast Giants Game. Both individual and group activities schedules were displayed throughout the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Charlene Reid has been the manager in the home since 10 January 2022. Discussion with the management team confirmed that the manager would be submitting an application to RQIA to become the registered manager of this service.

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 mixed feedback from staff about the management team, due to the staffing arrangements, as discussed in section 5.2.1 above. The majority of staff confirmed that management were approachable and available for guidance. Feedback was discussed at length with the management team for action and review.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Residents said that they knew who to approach if they were not happy about something in the home.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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. These are available for review by residents, their representatives, the Trust and RQIA.

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 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	0	4*

*The total number of areas for improvement includes one standard that has been stated for a second time and one standard which has been carried forward for review at the next inspection.

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 Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 29.1 Stated: Second 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. This includes ensuring that required actions are completed within the stipulated timeframes. Ref: 5.1
	Response by registered person detailing the actions taken: The Registered person has reviewed the Annual Fire Risk assessment in accordance with the current legislation and guidance and follow up actions reviewed for completion and progression. Actions identified will be recorded on the Service Sustainability Plan for evidence of same and reviewed monthly. All actions from last Fire Risk Assessment have now been completed.
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 30 September 2021	The registered person shall ensure that the areas identified at this inspection in regard to the homes' environment are addressed.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

<p>Area for improvement 3</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (7 June 2022)</p>	<p>Weekend staffing arrangements will be reviewed to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: This is currently under review by the Senior Management Team and a business case has been developed and shared with regard to the rational for the implementation of non direct care supporting staff cover over the weekend period. To ensure that this does not impact on the direct care hours of the service over the weekend period.</p> <p>The Home Manager and Senior Team remain proactive with the rota to ensure assessed care, social and recreational needs are met.</p> <p>The recruitment and retention of staff remains an area of focus for the Service due to the high volume of agency usage currently and to promote continuity of care. Following an internal pay review by the Senior Management Team the service has noted positive increased interest with regard to support staff applications. A robust induction programme is in place and colleague one to one support. The service continues to maintain Safe recruitment processess.</p>
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<p>Area for improvement 4</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2022</p>	<p>Management will undertake a review with staff to ensure and promote a safe and healthy working environment and culture in the home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The Home Management team continue to support staff through an open door policy, colleague one to one support and to listen and support staff with concerns and also providing active direct support proactively and actively.</p> <p>The Regional Director, Home Manager and positive behaviour support held a review meeting on 22/06/22 to listen, discuss concerns relayed from the staff team and to gain constructive feedback. A further meeting has been held on the 27/06/22 to allow staff to allay fears.</p> <p>Concerns discussed in regards to the staffing difficulties the Service had and presently have been experiencing and impact on staff moral.</p> <p>Agency staff are blocked booked as far as possible to enhance consistency and familiarity with regard to resident care.</p> <p>Action plan, recruitment and objectives shared with the team. Promotion of positive culture and the You Said, we Did and the actions set by the staff team internally.</p> <p>Colleague one to one meetings held and continue on an ongoing basis. A one to one tracker is in place to evidence same.</p> <p>Team meetings and workshops continue to be facilitated to support the staff. As well as the recent support of the Trust behaviour support team.</p>
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