

# Unannounced Care Inspection Report

## 13 August 2020



## Loughshore 1

**Type of Service: Residential Care Home**  
**Address: 646 Shore Road, Newtownabbey, BT37 0PR**  
**Tel no: 028 9085 5888**  
**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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 15 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Ltd  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Catherine Busby  17 July 2018
<b>Person in charge at the time of inspection:</b> Cathy Busby	<b>Number of registered places:</b> 15
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 15

### 4.0 Inspection summary

An unannounced care inspection took place on 13 August 2020 from 10.00 to 17.30 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 following areas were examined during the inspection:

- staffing
- Infection Prevention and Control (IPC) practices
- The home's environment
- care delivery
- care records
- governance and management arrangements

Residents told us that:

- "I like it here"
- "We are like a family here."

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Cathy Busby, 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 six residents and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' relatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided staff with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- duty rota from 17 to 30 August 2020
- staff training records
- incident/accident records
- a sample of monthly monitoring reports or monthly monitoring reports from March – August 2020
- a sample of governance records
- complaints/compliments records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' care records
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not met.

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 care inspection on 24 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 (1) <b>Stated:</b> First time	The registered person shall ensure that all events that adversely affect the care, health, welfare or safety of residents are notified to RQIA in line with current guidance.  <b>Ref:</b> 6.2.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed that this area for improvement was met.	

## 6.2 Inspection findings

### 6.2.1 Staffing

During the inspection we observed that residents' needs were met by the number and skill mix of staff on duty. No concerns regarding staffing levels were raised by staff or residents 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 had 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 residents' in their care.

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

- "Team work is very good."
- "We get good support."
- "Any concerns raised to Cathy are sorted."
- "I love it here, my induction was excellent."

### 6.2.2 Infection Prevention and Control (IPC) practices

Staff and residents had a twice daily temperature check; a record of this was maintained; on arrival at the home we also had a temperature check.

There was a good supply of PPE available within the home and PPE stations were well stocked. Written advice on the donning (putting on) and doffing (taking off) was available. Staff were at times observed wearing masks under their chin or not wearing a mask. This was addressed by the manager at the time of inspection. We also observed some staff wearing jewellery such as watches or bracelets and one staff member was observed wearing a long sleeved top. We discussed this with the manager in regard to best practice to ensure effective hand washing and an area for improvement was identified.

### **6.2.3 The home's environment**

We reviewed a sample of bedrooms, bathrooms and communal areas in the home. Residents' bedrooms were pleasantly personalised with photographs, personal belongings and some had their art work displayed. The home was nicely decorated; with photographs of various activities and residents art work. The residents' laundry area and residents' kitchen areas required additional cleaning. This was discussed with the manager, and an area of improvement was made.

Corridors and fire exits were clear of obstruction. We did identify issues regarding the storage of equipment and soft furnishing in the residents' laundry room. We discussed this with the manager at the time of the inspection and she agreed to address this. An area for improvement was identified.

We discussed with the manager the ongoing refurbishment plans in the home this included the refurbishment of one identified area. This had been delayed due to constraints during the Covid-19 pandemic. The manager confirmed that work will proceed when possible.

### **6.2.4 Care delivery**

We observed that staff were attentive to the residents and spoke to them in a very kind and friendly manner. The residents looked well cared for; they were comfortably dressed; attention had been paid to nail and hair care.

Discussion with staff confirmed they were aware of resident's needs. We observed that staff offered the residents choice and took their preferences into account when providing care and assistance. This included how residents chose to spend their time. Some residents were observed enjoying time in the garden; others were participating in arts and crafts. A small number of residents also enjoyed an outing to the local restaurant for lunch. Residents told us:

- "Oh yes, it's good here."
- "Staff all care for us."
- "There is plenty of help."
- "It's nice here."

Residents who were unable to voice their opinions appeared to be relaxed and comfortable in their surroundings and interactions with the staff.

We reviewed the dining experience, at both lunch time and the evening meal, in the home. Staff were familiar with residents' dietary requirements and likes or dislikes. There was a variety

of options on offer for lunch and for the evening meal. Residents were supported to maintain their independence where possible; for instance, one resident was observed in the kitchen preparing their own evening meal. One of the residents told us that “lunch was great” and residents were also complimentary of the evening meal. Staff confirmed that there were usually a variety of meal options for the residents each meal time and that alternative meals were available if required.

### **6.2.5 Care records**

We reviewed the care records for three residents. These contained relevant risk assessments and care plans to ensure that residents’ daily needs were met. A daily, up to date, record of care provided was maintained.

There was evidence, in the records reviewed, of regular evaluation and referral to other healthcare professionals such as the dietician or speech and language therapist (SALT) where required.

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

Review of the duty rota evidenced that the planned staffing levels were generally well adhered to. Staff spoken to confirmed this and advised that short notice sickness was at times the reason they would be short staffed though it was confirmed that there were systems in place for covering shifts.

Review of accidents and incidents records confirmed that these were managed appropriately; staff displayed their knowledge of the actions to take in the event of a resident having an accident.

Review of audits evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home.

Staff confirmed they undertook supervision sessions. Staff confirmed that they received relevant training to enable them to practice safely and stated they felt supported in their roles.

There was a system in place to monitor staff registration with NISCC.

We reviewed the monthly monitoring reports we observed that adjustments were made to how these reports were produced initially during the lockdown period. We observed that action plans were developed if a deficit was identified. However, the action plans were not signed as reviewed if action was taken. An area for improvement was identified.

### **Areas of good practice**

Areas of good practice were identified in relation to personalisation of residents’ bedrooms and staff knowledge of resident’s needs. Areas of good practice were also identified in relation to staff interaction with residents and also the therapeutic activities.

## Areas for improvement

Areas for improvement were identified regarding staff's adherence to effective IPC practices, the cleanliness of identified areas of the home, storage in the laundry room and timely review of action plans following monthly monitoring visits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

### 6.3 Conclusion

Residents appeared well looked after, content and settled in the home; staff were attentive and treated residents with kindness and respect.

Staff discussed how they felt well supported by management and are happy to raise concerns to them.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cathy Busby, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 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 Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</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 staff adhere 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.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The completion of Competency Assessments for the Donning and Doffing of PPE has been redone with the staff team. The Hand Hygiene Policy has been printed and circulated with the staff team signatures attached. Staff attended a meeting held 31<sup>st</sup> August 2020 and the agenda highlighted the appropriate use of PPE. The appropriate use of PPE is monitored daily by Management in the home to ensure staff adhere to the Department of Health and Public Health Agency guidance.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</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 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.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Deep cleaning of the environment has been completed by Domestic staff with oversight of Management. Environmental Quality Walk Rounds are completed weekly by Management and daily audits of the laundry and kitchen areas are clean and clutter free. This ensures safe and effective practices are maintained when working in these areas on a daily occurrence. The daily audit is maintained by Management for overall oversight of completion.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</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 resident's laundry is decluttered and any items inappropriately stored are removed.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Environmental Quality Walk Rounds are completed weekly by Management and daily audits have been introduced to ensure laundry areas are clutter free and no fire hazards are present. The daily audit is maintained by Management for overall oversight of completion.</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2020</p>	<p>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.</p> <p>Ref:6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Actions completed are recorded in the following month's Regulation 29, although for a more robust monitoring tool it has been recommended to record completion of the action in handwritten format with the date completed. This action has been taken and commenced as per guidance from inspection.</p>

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



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