

# Unannounced Follow-up Care Inspection Report 17 July 2019



## Loughshore 1

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

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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 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 residential care home with 15 beds that provides care for residents living with learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Ltd  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager:</b> Catherine Busby
<b>Person in charge at the time of inspection:</b> Catherine Busby	<b>Date manager registered:</b> 17 July 2018
<b>Categories of care:</b>  Residential Care (RC) RC-LD RC-LD(E)	<b>Number of registered places:</b> 15

### 4.0 Inspection summary

An unannounced inspection took place on 17 July 2019 from 16.00 to 21.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

RQIA received written information from a member of the public in relation to a range of issues:

- Staff training
- Duty rota
- Care provided to of residents
- Institutionalised behaviours
- Activities

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing arrangements
- Staff training
- Two care records
- Observation of staff practice
- Discussion with residents
- The home's environment

Some residents were unable to verbally communicate their views regarding the care provided in the home. All residents, however, seemed to be comfortable and relaxed in their surroundings; where residents presented with behaviours which challenged; these were managed appropriately and professionally by staff. Residents who could converse stated they were happy with their care, that staff were approachable and that staff kept them informed about their care.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Catherine Busby, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 30 April 2019

No further actions were required to be taken following the most recent inspection on 30 April 2019.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the report of the previous care inspection and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 11 residents and observed other residents in the home. The inspector met with four care staff, the registered manager, the assistant manager, the responsible individual, and the positive behavioural support worker.

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 the most recent inspection dated 30 April 2019

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

## 6.2 Inspection findings

### Staffing

Inspection of the staff duty rota established that it accurately reflected the staff working in the home. The manager advised that the duty rota was planned several weeks in advance and shared with staff so that any shifts not filled could be offered to permanent staff.

The registered manager advised all staff coming on shift received a detailed handover from the person in charge of the previous shift and there was comprehensive information passed to staff regarding individual residents.

The home do on occasions need to use some agency staff. The manager advised that the same agency staff were used in order that residents were familiar with staff and that continuity of care for residents was provided. The responsible individual advised that there was regular and ongoing recruitment of care staff and that the selection process was rigorous. In spite of this, newly recruited staff often found that, regardless of the preparation and training they received, it could take a longer time to adjust to the demands of working with people who have behaviours which challenge.

One care staff who spoke with the inspector advised that it was their first time working in the home. They advised that the management and staff had ensured that as a new member of staff they were made feel part of the team and did everything possible to support and guide them.

On the rare occasion when there was a deficit in staffing and alternative arrangements could not be made at short notice, there was an on-call system used in the home and the manager and assistant manager worked additional hours. Staff advised that this was effective and was appreciated by the staff team.

### Staff training and supervision

We looked at staff training records to ensure staff had been given core training to enable them to undertake their jobs safely. Training records evidenced that staff mandatory training requirements were well managed. The additional training requirements specific to each individual resident were equally well maintained.

We discussed the effectiveness of training with staff. Staff indicated that whilst training provision was good it may be further enhanced with additional training in regards to supporting

residents with complex mental health issues. The registered manager agreed to look in this with the training team.

Staff also advised that they received adequate supervision and support. There was also a matrix kept by the registered manager to ensure supervision was kept up to date.

Staff comments:

“Training is always ongoing and always enough on duty to complete this.”

“The manager is very supportive and her door is always open.”

“Communication is good; we work well as a team and the manager is approachable as are all the management.”

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

The home was evidenced to be clean, tidy and well decorated during the inspection. Ongoing refurbishment / redecoration work was noted and a number of residents' bedrooms had been recently redecorated. Several other bedrooms were also in the process of being redecorated. One resident reported to the inspector that she had chosen the new colour for the paint and soft furnishings for her room and was looking forward to having the work completed. In another bedroom, a bespoke mural, which incorporated the elements which the resident liked, had been painted on a wall. All bedrooms contained photographs, memorabilia and personal items of the individual resident.

### **Residents' presentation and interactions with staff**

The inspector was present when residents had returned home from their day time activities. The inspector also observed the residents who had remained in the building during the day. Residents were observed to be well presented, appropriately attired and presented in clean clothing. The residents were conversing freely with staff and each other. Some residents had their evening meal served in their room; others were relaxing watching television. Some residents were getting ready to go out to their evening activities. The atmosphere in Loughshore 1 was evidenced to be very relaxed and staff were observed being respectful and ensuring residents received appropriate care to meet their needs. No concerns were raised by staff or residents regarding the quality of care provided in the home. Residents and staff described the care in the home to be very good or excellent.

Comments received from residents were:

“I love my room.”

“Staff are so good; great people.”

“I am very happy here.”

“Good place; I get to do my art work.”

“I would like to go and see Liverpool play and staff are trying to sort it out for me.”

### **Care records**

Two care records were reviewed as part of the inspection visit. The care records were written in a professional manner and contained language which was respectful of residents. The care records showed clear evidence of multi-disciplinary working and collaboration with professionals such as general practitioner, dieticians and speech and language therapists

(SALT). The care records also evidenced that staff communicated with residents' family members or representatives and had a range of risk assessments in place to help plan individual care needs to ensure they were person centred. Each resident's likes and dislikes were incorporated into their plan of care. There was no evidence in the residents' care records of institutionalised behaviours.

## Adult Safeguarding

We discussed adult safeguarding with staff during the inspection. Training in this area was well maintained and there was evidence that the training was well embedded into practice. Staff advised they were aware of the importance of passing on information in a quick and concise manner and to keep accurate records. Staff reported the training had enhanced their confidence in this process.

The manager and staff advised how safeguarding referrals would be made to the trusts, who they would contact, what documents needed to be completed and how the home would co-operate and assist with investigations.

Staff also reported they were aware of the home's whistleblowing policy and they were able to advise what they would do if they witnessed poor practice by colleagues or management; staff reported they would have no problem reporting poor practice to ensure safety of all residents.

## Conclusion

The issues raised by the member of the public were unsubstantiated throughout this inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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