



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 24 February 2020



Loughshore 1

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

www.rqia.org.uk

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 which provides care for up to 15 adults who have a learning disability.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 24 February 2020 from 10.45 to 17.30.

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

The inspection took into account that the home was working at full occupancy for the first time; we sought to establish that all residents were provided with the correct level of support and care, accidents and incidents were reported appropriately and that complaints were correctly managed. We also sought the views of residents and staff in regard to the care provided in Loughshore.

The following areas were examined during the inspection:

- the home's environment
- staffing
- provision of activities
- the management of complaints
- accidents and incidents, including reporting arrangements

Residents said that they liked living in Loughsore and that the staff treated them well. A resident said, "I'm getting on great," and described the events planned for his enjoyment over the coming weeks.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Catherine 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 July 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the findings of the last care inspection, notifications of accidents and incidents submitted to RQIA, registration information and any other written or verbal information received.

During the inspection the inspector met with six residents, the manager and deputy manager, three members of care staff, the Positive Behaviour Support Practitioner and the home's administrator.

The following records were examined during the inspection:

- staff duty rota from 24 February to 1 March 2020
- complaints
- care files of three residents
- activities, including monthly newsletter
- accidents and incidents between 5 and 31 January 2020
- correspondence between staff and trust personnel

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 inspections

All areas for improvement from previous inspections were reviewed during the inspection on 18 July 2019 and were assessed as met.

6.2 Inspection findings

6.2.1 The home's environment

We walked around the home and found it to be warm, clean and tidy. We were invited by some residents to look inside their bedrooms and en-suite bathrooms. We saw that these were

comfortably furnished and contained many personal items. There were photographs and artworks displayed on corridors. Where there were some small areas of damage, we were assured by the manager that there were plans in place to repair and repaint these.

6.2.2 Staffing

We looked at the care records and saw that there were comprehensive assessments in place with recommended staffing levels for individual residents. We looked at the staff duty rota and saw that there was sufficient staff to meet the identified needs of residents.

In observing the daily life in the home, we saw that residents had the appropriate levels of care and support; for some residents more than one member of staff was needed and we saw evidence that the correct number of staff was present and staff were actively engaged in supporting those residents. We saw that there was also staff available to respond to any situations which arose during the day. We noted warm and supportive interactions between residents and staff throughout the day. In one instance, a resident gave the manager a hug and told her that she loved her.

We spoke with the manager, deputy manager and the Positive Behaviour Support Practitioner who described the individual support needs of residents and how the staffing levels were planned to meet these needs. There was also provision for adjustments to be made to staffing at short notice, when required.

We spoke with care staff who reported that, although the home was busy, they found management approachable, supportive and helpful. Staff told us that there was good team working, particularly in relation to ensuring that if staff encountered pressures, they were relieved by other team members.

6.2.3 Provision of activities

We saw that residents' preferences for activities were detailed within the care assessments and care plans. We looked at the records of the activities planned for residents and saw that there was a wide variety of outings and events provided and planned.

An activities co-ordinator was employed to work along with care staff in the planning and preparation of physical, cognitive, creative and spiritual activities across each day, including weekends. We looked at the monthly newsletter for January 2020 and saw that it gave details and photographs of residents engaged in activities across the month; this was shared with residents, families and trusts.

6.2.4 The management of complaints

We reviewed the records of complaints received by the home. We found that complaints were thoroughly investigated and comprehensively documented.

6.2.5 Accidents and incidents, including reporting arrangements

We looked at a sample of the records of accidents and incidents which occurred in the home and cross referenced these with those reported to RQIA. Whilst we found that the reports provided a high level of detail about each event, a small number of events were not reported to RQIA. This was identified as an area for improvement to comply with the Regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in regard to staff knowledge of individual residents and how this was used to meet the needs of residents. We also saw numerous instances of kindly and supportive approaches by staff and how this was received by residents.

Areas for improvement

One area for improvement was identified during the inspection. This was in relation to notification to RQIA of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Catherine 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 care 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (1) Stated: First time To be completed by: 25 February 2020	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. Ref: 6.2.5 Response by registered person detailing the actions taken: All incidents recorded on Datix will be reviewed by Management on a daily basis and whereby medical guidance has been provided from the Out of Hours GP, this will be completed as a notifiable event to RQIA.

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



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