



Unannounced Care Inspection Report

30 April 2019



Loughshore 1

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

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 registered 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) Limited 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: 12 |

4.0 Inspection summary

An unannounced care inspection took place on 30 April 2019 from 10.00 to 17.30 hours.

This inspection was undertaken by the care and estates inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous estates and finance inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staff training, staff supervision and appraisal, the management of risk, care records, levels of person centred support to residents and governance arrangements.

No areas requiring improvement were identified.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 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 inspection dated 22 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 November 2018. No areas of improvement were identified.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five residents returned questionnaires to RQIA. No questionnaires were returned by staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 29 April 2019 to 5 May 2019
- staff training schedule and training records
- two staff recruitment and induction records
- two residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from 1 January 2019 to 31 March 2019

- reports of visits by the registered provider
- RQIA registration certificate
- fire risk assessment
- current LOLER 'thorough examination' reports
- servicing records of the fire detection and alarm system, emergency lighting and fire-fighting equipment
- legionella risk assessment with service records and user checks of the hot and cold water systems
- certificates of electrical and gas installations and maintenance records

Areas for improvements identified at the last care inspection were reviewed and 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 outstanding areas for improvement from previous inspection(s)

One area for improvement identified at the previous care inspection has been reviewed and assessed as met.

Areas for improvement identified at previous premises inspection have been reviewed and assessed as met.

Information about one area for improvement at the previous finance inspection was shared with the finance inspector who assessed this as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The registered manager and staff on duty confirmed that staffing levels were safe and kept under review. There was a manager, a deputy manager and a Positive Behaviour Support practitioner on duty along with a team leader, senior support and support workers. In addition, there was an activities co-ordinator, domestic and administrative staff on duty during the day with senior support workers and support workers in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly respond to the needs of residents, to provide the correct level of support and to provide residents with a range of activities.

We looked at staff personnel files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they, and any agency staff, had a thorough induction to working in the home. New staff were supervised by senior staff, they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

Staff also told us that they got supervision and this happened more often when they were new to the home. Staff received supervision more often than the minimum standards say they should. This is good practice.

All senior care staff had an assessment of their competency and capability completed by the registered manager to ensure that they can take charge of the home in her absence. The registered manager reviewed this every year to ensure that it was always current. She would also review it if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This is also good practice.

Staff training

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The care staff got training in all of the core areas every year and that all staff attended a fire drill at least annually.

Safeguarding residents from harm

The registered manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The organisation had a safeguarding champion. A report on the safeguarding arrangements for the previous year was completed.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations. Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues.

The registered manager was able to describe how safeguarding referrals would be made to health and social care trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state. The home was kept clean and warm and it smelled fresh. We looked in the bedrooms of some residents, with their permission. Bedrooms had an en-suite bathroom. The bedrooms and bathrooms contained residents' personal items and belongings.

There were lounges and dining rooms for the use of residents on the ground and first floors along with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Restrictive practices

It is important that where choice and control are restricted due to people's understanding, restrictions are carried out sensitively and comply with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of residents' abilities and level of decision making and they were able to describe how and why restrictions were used. We saw in the care records how the need for any restrictions was assessed by specialist trust and home staff; restrictions were kept under review and removed when no longer necessary. We also saw that care staff were properly trained in specialist techniques which helped to ensure a person centred approach to responding to behaviours which challenge.

Infection prevention and control (IPC)

The registered manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. There were gloves and aprons available for staff to keep their hands and clothing clean, thus reducing the risk of spreading infection.

The registered manager described how hand hygiene audits were carried out regularly to make sure that staff used good hand hygiene practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The registered manager described a robust assessment and admissions process before residents could be received into Loughshore 1. When risks are identified and assessed, a detailed plan is put in place to meet the care needs of the resident and to reduce any risks.

The registered manager kept an overview, by using audits and by speaking with staff, of the care provided to residents and the management of risks. The registered manager described how there was good working relationships between trust professionals and staff in the home.

Care records

The care records for residents were kept securely to ensure that that confidentiality was maintained. The records were written in a professional manner and used language which was respectful of residents. The records also incorporated Human Rights considerations.

We saw how staff in the home shared the content of care records with the residents they wrote about; these records were signed and dated by the residents. A range of records was presented in an easy read format to help residents understand. This is good practice.

We also saw how a care review was completed with the resident, their family, care staff and staff from the trust each year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Culture and ethos of the home

We could see that the interactions between staff and residents were positive. There was a relaxed atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared content and at ease with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident liked to do and residents' daily routines were recorded. Staff told us that the residents' routines were carefully planned to meet residents' specific needs although a flexible approach was adopted, where necessary.

We could see that staff could communicate well with residents who needed additional reassurance or support.

Activities

Staff told us about the wide range of activities available and how the activities co-ordinator and staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that residents were going on outings. A programme of available activities was displayed.

Residents said that they enjoyed the activities on offer. A resident said: "I love it here. The staff are very good to me. They take me out everywhere. We go shopping and we went to (a local open farm) where I was able to hold a puppy. We went to the fire station and saw how the fire trucks worked!"

Another resident said: "This is a good place. I've been here for nearly a year and I'm getting on well. The girls (staff) are nice to me. I get to go out to bingo and sometimes I win! I also go to a women's group and I play bowls and knit. I have lots to do and I like it here." One resident explained how the staff supported him to enjoy activities outside the home – "The staff are very good. They take good care of me and they help me to get to football matches and to other things that I like to do."

Resident involvement

We spoke with staff about how residents were given the opportunity to discuss any issues and to make suggestions about how they live their lives in the home and how they spend their time. Staff told us that residents were consulted about their routines and activities and individual preferences were accommodated as far as possible. Staff also reported that the registered manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was a satisfaction survey completed annually by residents and their family members. We looked at the summary report for the survey completed in 2019 and saw that this was provided to residents in an easy read, pictorial version. The responses indicated a high level of satisfaction with the care, services and facilities in the home.

Five residents completed and returned questionnaires to RQIA. All respondents indicated that they felt safe, their care was good, staff were kind and that the home is well organised. One resident commented: "The staff at Loughshore (are) very good, look after (us) well, keep (us) safe."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, promoting dignity and privacy, listening to and valuing residents and their families and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The registered manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The registered manager described how she spent time personally assisting residents to make sure that their care was good; this also helped her to get to know the residents more thoroughly.

The registered manager also spends time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, hand hygiene and IPC and looks for any ways in which these areas can be improved.

The registered manager makes sure that staff are properly supported to do their jobs by providing them with regular supervision, appraisal and training. The registered manager also makes sure that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We saw that a current fire risk assessment for the premises was in place and that the significant findings were being addressed in a timely manner. The fire risk assessment was undertaken by a company holding professional body registration for fire risk assessors.

It was confirmed that the servicing of the fire detection and alarm system, emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and the significant findings from this assessment had been addressed on 26 February 2019. Again, the servicing of these systems and the user checks were being maintained in accordance with current best practice guidance.

Current certificates with relation to the premises' electrical and gas installations were available for inspection. The certificates indicated that the systems were being maintained in accordance with current best practice guidance.

Complaints and compliments

The registered manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately and documented in detail. The registered manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

Accidents and incidents

The registered manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Support for staff

The registered manager told us about the needs of staff as they support residents who have complex behavioural needs. The manager and the senior care team made sure that they were available to provide immediate individual and group support to staff. There was also a system of debriefing for staff who were involved in particularly difficult or stressful situations.

Additional training

The registered manager and staff told us that there was training provided for areas not included within mandatory training. We looked at the training records and saw that staff had been trained in Autism Spectrum Disorder, Asberger's syndrome, Positive Behavioural Support and Deprivation of Liberties Safeguards (DoLS).

Communication

The registered manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising; impromptu meetings were also held if there was an issue which needed immediate action. There were detailed written handover records exchanged by staff between each shift to ensure that that correct information was passed on. If there were any changes to a resident's care plan, these were shared with staff who would sign to confirm that they had read the new care plan.

Visits by the registered provider

The responsible individual, Sharon Butler, was present for part of the inspection and described how she ensured that the home was well organised and effectively managed. There was a clear management structure throughout the organisation.

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in March and April 2019 and found them to be comprehensive. The reports also showed evidence of how the provider engaged with residents, their families and staff to obtain their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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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