

Inspection Report

30 May 2024



Loughshore 1

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited	Registered Manager: Mrs Charlene Reid
Responsible Individual Miss Sarah Elizabeth Perez	Date registered: 26 January 2024
Person in charge at the time of inspection: Colleen Dougan, deputy manager	Number of registered places: 15 The manager must successfully complete the appropriate training by 30 July 2024 and RQIA must be notified upon completion of this
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: 13
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. The home is divided in to three units over two floors. Residents' bedrooms all have en-suite facilities. Residents have access to communal lounges and dining rooms and enclosed garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 30 May 2024, from 9.45 am to 6.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified during 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.

The home had a relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner throughout the day.

Residents confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

Five new areas for improvement were identified regarding epilepsy management training, infection prevention and control (IPC), the storage of substances hazardous to health, the signing of documentation and monthly monitoring reports.

RQIA found that there was safe, effective and compassionate care delivered in the home and the home was well led. Addressing the area for improvement will further enhance the quality of care and services in Loughshore 1.

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 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 Ms Colleen Dougan, Deputy Manager at the conclusion of the inspection

4.0 What people told us about the service

There was evidence that residents were happy and content in their surroundings.

Some residents were unable to verbally communicate indicated they were comfortable in their surroundings; this was evidenced through non-verbal cues such as smiling, and nodding when asked if they were happy.

Residents who were able to make their wishes known spoke positively about all aspects of life in the home. Residents said “It’s good here, the staff are good, they understand us,” and “Staff listen to you, they help you out.”

Staff told us, “There have been a lot of improvements recently, it is very good,” and “Our focus is on all the residents, things are working well.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

No additional feedback was provided by 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 26 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure that the premises to be used as the home are of sound construction and kept in a good state of repair. This is with specific reference to the living space and bedroom of one identified resident.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 6.7 Stated: First time	The registered person shall ensure that care plans include up to date and current information on any Deprivation of Liberty Safeguards (DoLS) in place.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for Improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure that the environmental issues identified are resolved in a timely manner.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and is stated for a second time. Please refer to section 5.2.3 for details	
Area for Improvement 3 Ref: Standard 28.3 Stated: First time	The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically, that staff are bare below the elbow when on duty. Please refer to the following link for details: https://www.niinfetioncontrolmanual.net/hand-hygiene	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 Ref: Standard 27 Stated: First time	The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan: this action plan should be available for inspection at all times and evidence meaningful oversight by the manager.	Met
	Action taken as confirmed during the inspection: 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.

There was a system in place to monitor staffs' registration status with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff who were required to be registered with NISCC had this in place.

There were systems in place to ensure staff were trained and supported to do their job. However, gaps were identified in regard to epilepsy management training. This was highlighted to the manager and an area for improvement was identified.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One new member of staff commented, "I had a great induction, it was very supportive."

Staff told us that the residents' needs and wishes were important to them. Staff responded to requests for assistance promptly, in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident. For example, one resident appeared anxious during the morning and staff were observed reassuring the resident and using gentle humour to help support them.

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. For example, staff were observed spending time with residents, supporting them to make choices as to when to have their lunch, and what activities to take part in.

Residents and staff spoken to expressed no concerns regarding the staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

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

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. For example, staff were observed adapting their communication style to the needs of those residents with no verbal communication.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. 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 and required support. A review of care records confirmed that they were up to date with regards to speech and language therapy (SALT) recommendations.

Mealtimes were flexible to suit the needs of each individual resident. Lunch was a pleasant and unhurried experience. It was observed that residents were enjoying their meal and their dining experience. Residents spoke positively in relation to the quality of the meals provided and the choice available.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment risk assessments and care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Care records were held confidentially.

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.

Care plans were regularly reviewed and updated to ensure that they continued to meet the residents' needs. Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents' care plans reflected this.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Environmental deficits were observed throughout the home. Flooring in one communal bathroom and in some identified bedrooms required replacing and the area around one bath was showing signs of rusting. This was discussed with the manager during an inspection on 12 October 2023 and a sustainability plan was developed. In addition to this it was observed that some of the rooms throughout the home were in need of redecorating, for example, bedroom walls were stained and some pieces of furniture were chipped and in need of replacing and some peddle bins were missing from en suites. This was again discussed with the deputy manager who confirmed that plans are in place to refurbish the home. This area for improvement has been stated for a second time.

A large number door handles throughout the home were found to be in need of a deep clean, the infection control risk of these handles was discussed with the deputy manager and an area for improvement was identified.

Residents' bedrooms were personalised with photographs, posters and other items or memorabilia. Hallways and lounges were also personalised with photographs and artwork that had been completed by the residents.

A cupboard containing hazardous substances such as shampoos and body deodorants was found to be unlocked. This was discussed with the deputy manager during the inspection for immediate action. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 9 April 2024; the deputy manager confirmed that the actions from this assessment had been completed.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infections. For example, a 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 Personal Protective Equipment (PPE) had been provided.

Staff 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.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could go out to church, local shops, clubs, pubs or other activities in the community, a newsletter is available that highlights recent events and resident achievements.

Each resident had an individualised activities planner, activities included, swimming, art, games and walks. Residents were observed to be chatting with staff, playing games and going out for a walk.

Residents said that staff offered them choices throughout the day which included preferences on food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was warm, welcoming, relaxed and friendly.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Charlene Reid has been the registered manager of this home since 26 January 2024

There was evidence that a 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. However, some of these audits had not been signed or dated by the person carrying out the audit nor signed by the manager to evidence she had reviewed them. The importance of signing and dating all records was discussed with the deputy manager during feedback and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

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. However, these reports were not robust and action plans had not been reviewed. This was discussed with the deputy manager during feedback and an area for improvement was identified.

6.0 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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Colleen Dougan, Deputy Manager, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 30 May 2024	<p>The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The Home Manager will complete environmental quality walk rounds to assess and escalate any hazards identified within the home taking immediate action and sharing lessons learned with the team.</p> <p>The Registered person will maintain an up to date Home Sustainability plan.</p>

Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: 31 May 2024	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Regulation 29 report will be completed on a monthly basis and the reports will be clear and robust that will ensure the actions required are addressed to meet compliance.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 Ref: Standard 27 Stated: Second time To be completed by: 31 March 2024	<p>The registered person shall ensure that the environmental issues identified are resolved in a timely manner.</p> <p>Ref: 5.1 & 5.2.3</p> <p>Response by registered person detailing the actions taken: Environmental issues that are identified through an existing auditing system will be resolved in a timely manner and evidenced on the Home Sustainability Plan.</p>
Area for Improvement 2 Ref: Standard 23.3 Stated: Second time To be completed by: 31 March 2024	<p>The registered person shall ensure that staff receive epilepsy management training in line with their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Home Manager will ensure that epilepsy training is available to colleagues..</p>
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: 30 May 2024	<p>The registered person shall ensure that effective systems are in place to manage the environment and minimise the risk and spread of infection.</p> <p>This area for improvement specifically relates to environmental cleaning, for example door handles throughout the home.</p> <p>Ref:5.2.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager has reviewed and updated the existing housekeeping audit to ensure to manage the environment and minimise the risk of infection. This will be monitored through the quality walk round process.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2024</p>	<p>The registered person shall ensure that all audits are signed and dated by the person completing them and that the managerial oversight of these records is clearly evidenced.</p> <p>Ref:5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home Manager will ensure that all audits are signed by allocated staff and also signed by the Management team to ensure evidence of oversight. Lessons learned and actions completed will be discussed in the monthly governance meetings.</p>

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