

Inspection Report

26 October 2023



Loughshore 1

Type of service: Residential Care Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Telephone number: 028 9085 5888

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Amore (Watton) Ltd | Registered Manager: Mrs Charlene Reid (not registered) |
| Responsible Individual: Miss Sara Elizabeth Perez (not registered) | |
| Person in charge at the time of inspection: Mrs Charlene Reid | Number of registered places: 15 |
| 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 three units over two floors. Residents' bedrooms all have ensuite facilities. Residents have access to communal lounges and dining rooms and enclosed garden areas. | |

2.0 Inspection summary

An unannounced inspection took place on 26 October 2023, from 10.30 am to 7.00 pm by a care inspector and on 30 October 2023 from 10.30 am to 1.30 pm by a pharmacist inspector.

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

Five new areas for improvement were identified regarding records of any Deprivation of Liberty Safeguards (DoLS) in care plans, the general environment, maintenance of the home, hand hygiene and the development of a time bound refurbishment action plan.

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

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents confirmed that they would have no issue raising any concerns

or complaints to staff. Specific comments received from residents and staff are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care. Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

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

RQIA were assured that the delivery of care and service provided in Loughshore 1 was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy in Loughshore 1 and described the staff as 'very good.' Residents' comments included, "I love it here, the staff are all very good" and "The staff look after me, they help me with my shopping."

All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities. One staff member commented, "I think that this home is very person centred, we really listen to our residents'."

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 28 March 2023 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time | The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. | 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 28.3 Stated: Second time To be completed by: 7 October 2022 | Management will undertake a review with staff to ensure and promote a safe and healthy working environment and culture in the home. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met. | |

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| Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 30 June 2023 | The registered person shall ensure that consistent templates are used in all records and that they are legible, accurate, up-to-date, signed and dated. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met. | |
| Area for improvement 3 Ref: Standard 5.5 Stated: First time To be completed by: 30 June 2023 | The registered person shall ensure that each residents' assessment of needs is kept under continual review and kept up to date to accurately reflect at all times the needs of the resident. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was met. | |
| Area for improvement 4 Ref: Standard 6.6 Stated: First time To be completed by: 30 June 2023 | The registered person shall ensure where changes are made to care plans, the resident, or their representative where appropriate, and the member of staff making the changes and the manager sign the revised care plan | 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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

There were systems in place to monitor staffs' professional registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as infection prevention, control (IPC), Mental Capacity Act and Adult Safeguarding.

It was noted that on the day of the inspection 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, residents were able to go out with staff shopping or spend time with staff completing puzzles or going for a walk.

However; some staff expressed concerns with regards to the use of agency staff. Specific feedback was discussed in detail with the manager throughout the inspection. The manager provided sufficient assurances of how this was being addressed, including the active recruitment of permanent staff; therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection.

Staff said there was good team work and that they felt well supported in their role.

Staff told us that the residents' needs and wishes were very 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.

Residents said that they were happy in the home and the staff were "nice" and "helpful". One resident said "the staff here are very nice; they help me out."

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. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff showed excellent communication skills when communicating with residents; they were understanding and sensitive to residents' needs. For example, when one resident became anxious, staff adapted their communication to suit the needs and preferences of this individual resident, the resident appeared to be more content after this interaction.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. Residents care plans and falls risk assessment were updated appropriately.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

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.

Meal times were flexible to suit the needs of each individual resident. There was choice of meals offered, and residents were supported to go out for lunch when they requested this.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment 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 recorded both electronically and in written format, the manager confirmed that all records are in the process of being transferred to a new computerised system, this will be reviewed at the next inspection.

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, however, the details of the DOLs interventions were not reflected in any of the care plans viewed. This was discussed with the manager for action. An area for improvement was identified.

Residents care records were held confidentially, and were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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. Residents were able to record into their care records themselves using speak to type technology.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy. Residents' bedrooms were personalised with items that were important to them, for example, books, photos, cuddly toys, posters and their own art works. Corridors were clean and free from clutter or hazards, and fire doors were unobstructed.

Some parts of the home were showing signs of wear and tear. For example, flooring in one communal bathroom and one bed room required replacing and the area around one bath was showing signs of rusting. Walls in some of the bedrooms and corridors were marked and in need of repainting. Discussion with the manager established plans for redecorations were in place, however, this had not yet taken place. An area for improvement was identified.

One identified resident's bedroom and living space was in need of maintenance, for example, windows and doors needed replacing, walls had been damaged and the flooring needed attention. This was discussed with the manager both during the inspection and at feedback. The manager shared the ongoing plans of work for this living space, and the reasons why this work has been limited to date. 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. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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 PPE had been provided. There was evidence that systems were in place to ensure the management of risks associated with the spread of infection. For example, there was ample supply of PPE provided throughout the home.

Staff use of PPE and hand hygiene was monitored by the manager and records were kept. However; on the day of the inspection, staff did not take the opportunity to demonstrate hand hygiene measures at the appropriate times, in addition some staff were observed wearing gloves when such PPE was not required.

In addition, a number of staff were wearing either nail polish or gel nail polish. This was discussed with the manager during feedback for action. An area for improvement was identified.

5.2.4 Quality of Life for Residents

The atmosphere in the home was calm and relaxed. Staff and residents were observed to be chatting and joking throughout the day. Residents were observed spending time watching TV, getting ready for their day care activities or enjoying time with staff. Residents said that they were excited to be going out that evening to a Halloween Disco and staff were observed supporting residents getting ready for this.

Residents' needs were met through a range of individual and group activities which are organised both in and out of the home. Activities include; social, community, cultural, and creative events.

It was observed that staff offered choices to residents throughout the day which included preferences with regards to when and what they wanted to eat, day care activities, what clothes they wanted to wear, and where and how they wished to spend their time.

Residents were supported to contribute to their own care records by using talk to type technology. This was excellent person centred practice.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Reid has confirmed her intention to come forward for registration with RQIA.

Staff commented positively about the manager and the deputy manager and described them as supportive, approachable and always available for guidance. Staff said, "the managers are very supportive, I feel I can trust them."

There was evidence that a robust 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.

There was no evidence of a time bound action plan to address the issues around the environment identified in section 5.2.3. This was discussed with the manager 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 vulnerable adults.

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.

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. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

5.2.6 Medicines Management

The medicines management aspect of the inspection on 30 October 2023 assessed compliance with the area for improvement in relation to medicines audit. The audits completed at the inspection indicated that the medicines were being administered as prescribed. Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out and records of the audits were available for review. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice. The audit process encompassed all aspects of medicines management including administration, storage, controlled drugs and medicine related records.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

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/or **the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of Areas for Improvement | 1 | 4 |

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 31 January 2024 | 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. Ref: 5.2.3 |
| | Response by registered person detailing the actions taken: Home Manager will ensure that the environment is kept within a sound construction and continue to complete a home internal audit raising any defects to appropriate internal others for repair or further assessment. This will be quality assured using the Environmental Quality Walk Round. |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | |
| Area for improvement 1 Ref: Standard 6.7 Stated: First time To be completed by: 31 December 2023 | The registered person shall ensure that care plans include up to date and current information on any Deprivation of Liberty Safeguards (DoLS) in place. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: Home Manager will ensure that Deprivation of Liberty care plans are kept updated. All care plans have been completed by Home Manager. Our Documentation QWR will enable us to track all DoLS. |

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| <p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2024</p> | <p>The registered person shall ensure that the environmental issues identified are resolved in a timely manner.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Home Manager continues to assess the environment by Home Audits to identify any issues, raise with Estates Team and record on Sustainability Plan for action.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection 26 October 2023</p> | <p>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:</p> <p>https://www.niinfetioncontrolmanual.net/hand-hygiene</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Home Manager will ensure to guide and monitor staff compliance adhering to IPC as per PHA.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2024</p> | <p>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.</p> <p>Response by registered person detailing the actions taken: Sustainability plan in place that evidences refurbishment objectives - overseen by Home Manager.</p> |

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