

Inspection Report

28 March 2023



Loughshore 1

Type of Service: Residential Care Home

**Address: 646 Shore Road,
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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 Responsible Individual Ms Sarah Elizabeth Perez, - not Registered	Registered Manager: Ms Charlene Reid, not Registered.
Person in charge at the time of inspection: Ms 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: 14
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 28 March 2023, from 10.55 am to 5.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and focused on staffing arrangements, staff training and support, care delivery, care records and the general environment.

Three new areas for improvement with regards to care records were identified.

The home was warm and clean and had a welcoming 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.

Residents said that they were happy in the home and the staff helped them when they needed help. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There was clear evidence that residents had a good quality of life in the home and were supported to engage in activities which were meaningful and important to them. Residents were provided with choice, and treated with dignity and respect by all staff.

RQIA were sufficiently assured that the delivery of care and service provided in the home was effective, compassionate and that the home was well led.

Addressing the areas for improvement will further enhance the quality of care and services in Loughshore 1.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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 living in the home. Residents' comments included, "I am ok here, I like it," and "I am happy, staff are nice." Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and 'thumbs up' gestures.

All staff spoken to said that the team work and peer support within the team was excellent. One staff member spoke of the “good team spirit in the home.” Other feedback from staff was mixed and is discussed in detail in section 5.2.1.

There were no recorded compliments evident, however; the manager confirmed that she had received verbal compliments from professionals and family members and she had shared these verbally with the staff team. The manager agreed that going forward she would record these verbal compliments for staff to be able to access.

After the inspection, three questionnaires were received from residents. All three residents confirmed that the care was good, the staff were kind and the home was well organised. Specific comments were shared with the manager for action and review.

No additional feedback was received from 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 7 March 2023		
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: First 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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: Second time	The registered person shall ensure the fire risk assessment is reviewed annually in accordance with current legislation and guidance, and ensure that the level of risk is maintained at a tolerable level. This includes ensuring that required actions are completed within the stipulated timeframes.	Met

	Action taken as confirmed during the inspection: The latest fire risk assessment was completed on 6 December 2022; actions from this risk assessment have all been completed within the stipulated time.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure that the areas identified at this inspection in regard to the homes' environment are addressed.	Met
	Action taken as confirmed during the inspection: The areas identified in the previous report had been addressed. Flooring and bathroom cabinets had been replaced recently.	
Area for improvement 3 Ref: Standard 25.1 Stated: First time	Weekend staffing arrangements will be reviewed to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	Met
	Action taken as confirmed during the inspection: Staffing arrangements at the weekend had been reviewed and increased, with the activities co-ordinator working weekends to cover any planned activities and core staff scheduled to specifically cover meal times.	
Area for improvement 4 Ref: Standard 28.3 Stated: First time	Management will undertake a review with staff to ensure and promote a safe and healthy working environment and culture in the home.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was assessed as being partially met and is stated for a second time. See section 5.2.2 for further details.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff told us that the residents' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff indicated that team work in the home was "excellent" and that they "all supported each other"

It was clear through observation of the interactions between the residents and staff that the staff knew the residents well and that they enjoyed each other's company. One resident told us "the staff are nice; they help us out."

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. 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 was mixed feedback from staff regarding staffing levels and arrangements in the home. Some staff indicated that at times there was not enough staff on duty to cover the allocated shifts in the home; while other staff reported that staffing had improved since the previous inspection. Specific comments were shared with the management team for action and review. Staffing arrangements at the weekend had been reviewed and increased, with the activities co-ordinator working weekends to cover any planned activities and core staff scheduled to specifically cover meal times.

Review of the duty rota and discussion with the management team evidenced that agency staff were used to cover short notice absence. Staff recruitment was ongoing.

Given these assurances, a new area for improvement was not required on this occasion.

5.2.2 Staff Training and Support

There were systems in place to ensure staff were offered training and support to do their job and staff confirmed they had received a good induction on commencing work in the home.

However; some staff expressed concerns regarding the level of challenging behaviour in the home and how this was managed. Some staff reported the need for additional bespoke training and support regarding this. Discussion with the manager and review of records evidenced that additional training had been arranged for April 2023 and further bespoke training had also been requested by the management team.

A review had been completed with staff to ensure and promote a safe and healthy working environment and culture in the home. As a result, the management team had introduced weekly practice sessions for staff; multi-disciplinary team meetings, (MDT), workshops; reflective practice sessions; debriefs; safety huddles and additional staff meetings. However, staff attendance was low.

Given this, and the feedback from staff, the manager agreed on the need to evaluate the effectiveness of the staff review and subsequent action plan, to ensure this was effective and embedded into practice. This area for improvement was stated for a second time.

5.2.3 Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents, safety huddles also took place within the home to allow staff to express concerns and ask for advice. 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, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, staff were observed respectfully and discreetly responding to a resident who had become distressed during the day.

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.

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. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day. Residents engaged in a range of activities depending on their wishes and needs. Some residents attended work placement, while others enjoyed a lie in, or a shopping trip with staff.

An activities folder evidenced both group and 1:1 sessions with residents, for example, art classes, swimming, bingo and various outings. On the day of the inspection a game of Boccia was taking place and residents were clearly enjoying this.

A review of the monthly resident's newsletter and minutes of residents' meetings established that residents were heavily involved in planning and making decisions about their lives in the home, and had regular opportunities to comment on aspects of the running of the home. There were photographs up throughout the home to show residents taking part in the various activities. In addition to this one resident told us that they were looking forward to a planned holiday with staff.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, 1:1 staffing, key padded doors and physical interventions. It was established that safe systems were in place to manage and review this aspect of care in a respectful manner.

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. 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.

Some staff expressed concerns with regards to the provision of meals and meal times. Discussion with the manager and the cook provided assurances that choices were offered to residents on a daily basis. A seasonal menu plan was available, but was not always adhered to as residents often changed their minds as to what they wanted to eat or drink on the day. This was then accommodated by staff and a record of resident's actual dietary intake maintained.

5.2.3 Care records

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. Residents care records were held confidentially.

A review of the care records in the home showed that these had not been regularly reviewed and updated to ensure they continued to meet the residents' needs. In some care files there was inconsistency in the documentation and templates used. This was discussed with the manager for immediate action and an area for improvement was identified.

Some assessments had not been reviewed on a minimum annual basis as required. This was discussed with manager for review and action. An area for improvement was identified.

Care plans were detailed, person centred and contained specific information on each residents' care needs and what or who was important to them. It was noted that numerous care plans had not been signed or dated by the person who had completed these. This was discussed with the manager for action. An area for improvement was identified.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. 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 communal areas were tidy. Flooring and bathroom cabinets had been replaced recently. Some staff expressed concerns that parts of the home needed further attention. Discussion with the manager confirmed plans were in place to complete further refurbishment work in the home. Therefore, an area for improvement was not required on this occasion.

Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Some residents invited us to view their rooms, showing us how they had personalised their bedrooms to suit their own interests, for example, pictures of motor bikes and various film stars.

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as cleaning stores and sluice rooms were appropriately secured.

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.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, there was ample supply of Personal Protective Equipment (PPE) within the home.

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 Manager in this home since 10 January 2022. Ms Reid has confirmed her intention to come forward for registration with RQIA.

Residents spoken with said that they knew how to report any concerns, the manager was observed interacting with residents throughout the day and it was evident that residents felt comfortable in her presence.

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.

Staff commented that although they continue to have concerns as discussed in section 5.2.1, they did feel supported by the manager and described her as approachable and always available for guidance.

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.

It was established that the manager had a system in place to monitor accidents and incidents 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 Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

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.

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 (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	1*	4*

* the total number of areas for improvement includes one regulation which has been carried forward for review at the next inspection and one standard which has been stated for a second time.

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	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First 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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 28.3 Stated: Second time To be completed by: From date of inspection	Management will undertake a review with staff to ensure and promote a safe and healthy working environment and culture in the home. Ref: 5.2.2
	Response by registered person detailing the actions taken: A review has been held with the staff team to gain further feedback. Additional training has been implemented to support the team at this time. 1. Action plan in place - reviewed with the team. 2. Weekly drop in sessions (protected time) planned to commence 17 th May 23 to facilitate regular communication sessions with the entire team.

<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>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.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Consistent templates are in place and overall recordings reviewed by Management Team for compliance. Records have been identified as appropriate, timely and signed. Manager Daily Quality Walk Round will be used to ensure continued compliance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>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.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Residents assessment needs reviewed and up to date. A full review of care plans will be held monthly or before to update any changes. Any key changes will be reflected in real time to ensure accuracy.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2023</p>	<p>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.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: All amendments and updates to care plans will be completed with involvement from appropriate others and Care Plan will be signed off by Management. A documentation Quality Walk Round will be utilised to ensure continued quality assurance.</p>

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