



Unannounced Care Inspection Report

16 March 2021



Shaftesbury Mews

Type of Service: Nursing Home (NH)
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Tel No: 028 9085 2866
Inspectors: Mandy Ellis & James Laverty

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 18 patients. The home is comprised of three detached bungalows: Eden (Bungalow 1), Sleepy Hollow (Bungalow 2) and Sea Breeze (Bungalow 3).

3.0 Service details

<p>Organisation/Registered Provider: Amore (Watton) Limited</p> <p>Responsible Individual: Mrs Nicola Cooper</p>	<p>Registered Manager and date registered: Ms Stephanie Shannon - registration pending.</p>
<p>Person in charge at the time of inspection: Shauna O'Neill – House manager</p> <p>Ms Stephanie Shannon arrived into the home at approximately 12.30 hours and remained present throughout the duration of the inspection.</p>	<p>Number of registered places: 18</p> <p>A maximum of 12 patients in category NH-LD/LD(E) to be accommodated in bungalows 1 and 3 and a maximum of 6 patients in category NH-PH/PH(E) to be accommodated in bungalow 2.</p>
<p>Categories of care: Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 18</p>

4.0 Inspection summary

An unannounced inspection took place on 16 March 2021 from 10.00 to 14.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Prior to the inspection, RQIA received intelligence which raised concerns in relation to the statutory notification of incidents to RQIA. It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- the environment
- infection prevention and control (IPC) practices including the use of Personal Protective Equipment (PPE)
- care delivery
- staffing arrangements
- governance and management arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3*	2*

*The total number of areas for improvement includes one under regulation and one under the standards which have each been carried forward to be reviewed at a future inspection. A further area for improvement under the standards was stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Stephanie Shannon, manager, and Tracey Henry, Interim Operations Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with nine patients and 13 staff; a number of patients were also discreetly observed within each bungalow. Questionnaires were left in the home to obtain feedback from patients and their relatives / representatives. Ten questionnaires were left for distribution; feedback from these questionnaires is considered further in section 6.2.3. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line; this staff feedback is discussed further in section 6.2.4.

We provided the manager with 'Tell us cards' and asked that they be placed in a prominent position to allow patients and/or their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined and/or discussed during and/or following the inspection:

- the duty rota for the period 8 to 21 March 2021
- a sample of IPC audits
- a sample of staff training records
- a sample of staff meeting minutes
- a sample of staff competency records
- a sample of COVID-19 monitoring records
- a sample of governance records relating to daily managerial oversight.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or carried forward for review at a future inspection.

The findings of the inspection were provided to the manager and Interim Operations Director at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 6 October 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: First time	The registered person shall ensure patient care plans and risk assessments are reviewed regularly and consistently.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: Second time	The registered person shall ensure that the duty rota clearly evidences the full name of all staff working in the home.	Met
	Action taken as confirmed during the inspection: A review of two weeks duty rota confirmed that the full name of all staff working within the home was recorded.	
Area for improvement 2 Ref: Standard 29 Stated: First time	The registered person shall ensure the prescription details on topical administration medication records are verified and signed by two registered nurses. The administration instructions should also be clearly documented.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for Improvement 3 Ref: Standard 35 Stated: First time To be Completed by: 8 November 2020	The registered person shall ensure the overall quality of the action plans produced from governance audits are a robust account of detailed actions to address the deficits identified.	Not met
	Action taken as confirmed during the inspection: Samples of governance audits were reviewed and required improvement; this is discussed further in section 6.2.5. This area for improvement was not met and is stated for a second time.	

6.2 Inspection findings

6.2.1 The environment

We reviewed the home's environment within each bungalow undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas. Each bungalow was maintained to a high standard and the décor was suitable for meeting the assessed needs of patients.

We found corridors and fire exits to be clear and unobstructed while the home was clean, tidy and fresh smelling throughout. We spoke to one of the domestic team who told us that they felt well supported in their role and that they had undergone an effective induction period when commencing employment within the home.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

The exterior grounds were well maintained and included some lawned areas; it was encouraging to observe staff making use of the warm weather and engaging with one patient in a garden area; staff were observed enthusiastically engaging with this patient who appeared to be enjoying the freedom of the outdoors while he participated in activities while seated on the grass.

6.2.2 Infection prevention and control practices including the use of Personal Protective Equipment

Upon arrival to the home, staff checked the inspectors' temperatures and asked them to complete a health questionnaire; these measures formed part of ongoing COVID-19 precautions within the home. The nurse in charge confirmed that the temperatures of both staff and patients are checked twice daily as part of these ongoing measures.

Discussion with staff confirmed that they had effective access to a plentiful supply of PPE; stocks of PPE were also observed within appropriate storage areas. It was positive to observe that all staff demonstrated effective and consistent compliance with the use of PPE throughout the inspection.

Staff feedback evidenced that they possessed a good understanding of the principles of effective IPC practice; staff also told us that they had received online IPC training. Governance records relating to online IPC training indicated that 93.6 per cent of all staff had completed this to date. The ongoing monitoring of staff training is discussed further in section 6.2.5. On staff member told us: "When Covid started, staff felt some panic ...the nurses in this bungalow are supportive and they do listen to support workers ..."

We did observe that one wall mounted hand sanitiser and one foot operated pedal bin were not working correctly; the nurse in charge agreed to action this.

We discussed current visiting arrangements within the home. The Interim Operations Director stated that the 'Care Partner' role was available if requested in keeping with current COVID-19 guidance; the Interim Operations Director informed us that while no-one had expressed an interest in undertaking such a role, a letter had been sent by the home's senior management

team promoting the initiative. In addition to this potential role, we were advised that indoor visiting was being made available by means of an identified 'visitor's pod' which was an identified room made suitable for visitors. Feedback from staff also indicated that window and virtual visiting options remained available, as required.

6.2.3 Care delivery

Patients were observed interacting with staff in a relaxed and spontaneous manner; we were impressed by the compassionate manner with which staff engaged with and spoke about the patients they were responsible for.

Observation of staff and feedback from the nurse in charge provided assurance that those patients who required enhanced levels of staff supervision were appropriately cared for. We also noted that staff skilfully and patiently managed the complex behaviours of patients in a person centred manner; this is commended.

When discussing care delivery to patients, staff remarked:

- "This place always feels like a home from home and staff have worked hard to keep 'the boys' (that is, the patients) entertained".
- "The (patients) are well looked after".

Due to the timing of the inspection, we did not have opportunity to observe the patients' dining experience; however, staff feedback on this aspect of care was largely positive. One staff member commented that communication between kitchen and care staff was effective. We were also informed that the home has a full complement of catering staff and that patients' dining experience is to remain an area of focus for both the manager and wider senior team.

We received five completed patient questionnaires following the inspection; all respondents stated that they were either satisfied or very satisfied with their care. Patient responses included the following comments:

- "I love it here".
- "Today, I like where I live".
- "I like living here".

Feedback from staff and review of governance records evidenced that a daily 'flash' meeting takes place during which senior staff discuss patients' needs and any other staff priorities for the day ahead. The need for effective staff communication is considered further in section 6.2.4.

6.2.4 Staffing arrangements

A review of governance records evidenced that staff had effective access to various types of mandatory training, including the following topics:

- oral care
- adult safeguarding
- pressure area care
- autism
- nutritional care
- fire safety.

Managerial oversight of mandatory staff training is considered further in section 6.2.5.

All staff who were spoken with had a good understanding of the home's whistleblowing policy and knew how to make use of this policy, if needed. A review of staff meeting minutes highlighted that whistle blowing had been discussed during a recent staff meeting; these minutes were discussed with the manager and Interim Operations Director and the importance of promoting an open and transparent culture within the home at all times was agreed. It was also stressed that following staff meetings, minutes should be made available to staff in a timely manner.

Feedback from staff indicated a good level of awareness regarding the home's adult safeguarding policy and how to escalate any related concerns within the home.

While the majority of staff who were spoken with knew who the designated nurse in charge was on the day of inspection, one did not. One staff member also expressed frustration to the inspector that they were unaware of temporary catering arrangements being in place during the inspection. This feedback was discussed with the manager and the need for clear, consistent and effective communication to staff across all three bungalows by the manager / nurse in charge was stressed.

Review of the staff rota confirmed that staffing levels were consistently maintained. Feedback confirmed that staffing levels were subject to regular review to ensure that the assessed needs of the patients were met. Discussion with the nurse in charge confirmed that they were in charge of the home in a supernumerary capacity on the day of inspection; staff feedback also provided assurance that a designated staff member was in charge of the home in the absence of the manager, as needed.

The majority of staff spoken with during the inspection commented positively about their experience of working within the home. However, while online staff responses highlighted no concerns in regard to patient care, they did indicate dissatisfaction in relation to how the service was led.

This information was subsequently shared with the Interim Operations Director and the manager following the inspection. RQIA was subsequently informed following the inspection that a Positive Cultural Assessment is to be carried out with staff in response to this feedback in order to ascertain any trends and / or areas of focus and support required by staff. The Interim Operations Director also agreed to share the findings of this review with RQIA once available along with any actions arising from it; a general staff meeting is also scheduled for 15 April 2021.

6.2.5 Governance and management arrangements

We reviewed a sample of accident and incident records and noted that while these had been responded to appropriately by the manager / staff in terms of patient care, incidents relating to patients' falls had not been consistently reported to RQIA in keeping with regulation. An area for improvement was made. Discussion with the manager and Interim Operations Director and a review of statutory notifications highlighted no other concerns in this regard.

Review of staff training / competency records and discussion with the manager highlighted that while a staff competency matrix was maintained, it was not sufficiently accurate; it was also unclear how often the manager maintained oversight of this matrix. Review of these records further highlighted that the proportion of staff that had completed this training was low; this was discussed with the manager and Interim Operations Director who stated that the number of staff who had completed this training had been impacted by the COVID-19 pandemic. However, it was agreed that the completion of these competencies by all remaining staff should remain a priority for the manager. An area for improvement was made.

As stated in section 6.2.1, the environment of the home was well maintained. Discussion with the manager and review of governance records evidenced that the manager and/or senior staff complete a daily walk around the home to oversee and monitor care provision and service delivery. It was noted that some of these daily 'walk about' records were not fully completed by senior staff. The need to ensure that these records are accurately maintained at all times was stressed.

We reviewed a sample of governance audits related to IPC / hand hygiene. These required some improvement, namely:

- they must be completed thoroughly at all times by the staff member undertaking the audit
- a record must be maintained of how the manager maintains effective oversight of these audits
- deficits must be clearly identified within the audit record and include corresponding corrective actions which are clear and time bound.

An area for improvement was stated for a second time.

Areas of good practice

Areas of good practice were noted in regard to staff interactions with patients and the cleanliness of the environment.

Areas for improvement

New areas for improvement were identified in regard to statutory incidents and staff training.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3 Conclusion

Patients were observed interacting with staff in a relaxed and spontaneous manner throughout the inspection. Staff spoke in an informed and compassionate manner about the patients they were caring for. The environment was clean, tidy and well maintained. New areas for improvement were made in regard to statutory notifications and staff training; another area for improvement was stated for a second time in relation to the completion of governance audits.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephanie Shannon, manager, and Tracey Henry, Interim Operations Director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) (a)(b) Stated: First time To be completed by: 8 November 2020	<p>The registered person shall ensure patient care plans and risk assessments are reviewed regularly and consistently.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The care plans identified have been reviewed and continue to be monitored by the Home Manager through documentation quality audit. Care plans are reviewed monthly as a minimum and or when specific needs change. A documentation tracker has been implemented for the care plans and held on file for ongoing review</p>
Area for improvement 2 Ref: Regulation 30 (d) Stated: First time To be completed by: With immediate effect	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The registered manager will submit regulation 30s within the requested time frame. A monthly review of incidents will be carried out to ensure a full review of trends and analysis and to review any shared learning.</p>
Area for improvement 3 Ref: Regulation 10 (1) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, that they carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill. This is in specific reference to ensuring that a robust system is in place which ensures that staff complete all mandatory training / competencies in a timely manner.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The registered manager has a planned training programme in place for the staff and this is reviewed in line with training compliance. A competency tracker is in place and will be updated in actual time and evidence of signature check by the Home Manager.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the prescription details on topical administration medication records are verified and signed by two registered nurses. The administration instructions should also be clearly documented.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: This has been cascaded to the qualified staff through internal meetings and is checked for compliance through the weekly medication quality walk rounds. All amendments to prescriptions are to have two signatures of qualified staff to confirm and verify</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 8 November 2020</p>	<p>The registered person shall ensure the overall quality of the action plans produced from governance audits are a robust account of detailed actions to address the deficits identified.</p> <p>Ref: 6.1 and 6.2.5</p> <p>Response by registered person detailing the actions taken: A governance action/quality plan is in place to ensure that all actions identified are addressed within a timescale. As part of the governance - the home manager continues to complete quality walk rounds alongside Unit leads - for peer review. The governance systems continue to be reviewed through monthly monitoring of regulation 29 visits. Deficits which cannot be addressed in real time are included in the homes current action plan.</p>

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

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