

Inspection Report

2 July 2024



Shaftesbury Mews

Type of service: Nursing Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Telephone number: 028 9085 2866

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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: Ms Carina Douglas
Responsible Individual: Miss Sarah Elizabeth Perez	Date registered: 26 January 2023
Person in charge at the time of inspection: Ms Carina Douglas	Number of registered places: 18 This number includes a maximum of 12 patients in category NH-LD/LD(E) to be accommodated in bungalows 1 and 3 and a maximum of six patients in category NH-PH/PH(E) to be accommodated in bungalow 2.
Categories of care: Nursing (NH): PH – physical disability other than sensory impairment LD – learning disability LD(E) – learning disability – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 17
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides 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).	

2.0 Inspection summary

An unannounced inspection took place on 2 July 2024 from 8.20am to 6.30pm by a care inspector.

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

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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 Carina Douglas, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were spoken with during the inspection. Patients told us they were happy living in the home. Patients who were not able to voice their opinions verbally were seen to be relaxed and comfortable in their interactions with staff.

Staff told us they felt well supported and that they enjoyed working in Shaftesbury Mews.

No questionnaires or staff survey responses were returned within the indicated timeframe.

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 09 April 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure for those patients who require their fluid intake to be monitored, fluid recording charts are accurately recorded at all times, reconciled daily and consistently and meaningfully evaluated by the registered nurses.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure all chemicals and activity equipment are securely stored to comply with Control of substances hazardous to health (COSHH) recommendations in order to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: Observation on inspection evidenced this area for improvement was met in relation to chemicals and activity equipment; however, a new area for improvement was identified in relation to the storage of air fresheners and access to unnamed toiletries.	
Area for improvement 3 Ref: Regulation 27 (4) (b)	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. This is stated in reference to the propping of the identified fire door and ensuring exit routes are clear.	Met

Stated: First time	Action taken as confirmed during the inspection: Observations on the day of inspection evidenced this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 2 Stated: First time	<p>The registered person shall ensure that patients' written agreements are updated to show the current weekly fee paid by, or on behalf of, patients.</p> <p>The agreements should reflect the items staff are authorised to purchase on behalf of patients. The agreements should be signed by the patients, or their representatives.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 35.21 Stated: First time	<p>The registered person shall ensure that adequate controls for undertaking and recording transactions on behalf of patients are implemented within each of the bungalows.</p> <p>The practice of using patients' monies to subsidise other patients to make purchases should cease immediately.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
Area for improvement 3 Ref: Standard 14.26 Stated: First time	<p>The registered person shall ensure that the patients' inventory of personal possessions is maintained up to date with adequate details of the items brought into the patients' rooms. The records will be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	Carried forward to the next inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall review the current dining experience and ensure the following in regard to mealtimes; <ul style="list-style-type: none"> • menus are displayed at mealtimes and in a suitable format • staff are aware of the daily food options • records are maintained of the choice of meals offered to patients and these records are retained in the home. This includes any alternatives offered. 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 44 Stated: First time	The registered person shall ensure that the necessary environmental improvements are made to the home. A time bound action plan on how these are to be addressed is to be submitted to RQIA with the returned QIP.	Met
	Action taken as confirmed during the inspection: Observations evidenced this area for improvement was met.	
Area for improvement 6 Ref: Standard 18 Stated: First time	The registered person shall ensure that care plans are in place with sufficient detail to direct staff when patients are prescribed: <ul style="list-style-type: none"> • insulin • medicines to manage chronic pain • medicines to manage distressed reactions 	Not met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and is stated for a second time. This is discussed further in Section 5.2.2.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients and that the required information was included in recruitment records. Induction programmes were also completed.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good teamwork; that they felt well supported in their role and were satisfied with the staffing levels.

Review of records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC). However, the Northern Ireland Social Care Council (NISCC) register was incomplete and did not fully identify the registration status of all staff. Assurances were provided following the inspection that all staff were registered. An area for improvement was identified.

The duty rotas reflected the staff working in the home over a 24-hour period. Staff absences were recorded on the rota and the person in charge in the absence of the manager was clearly highlighted.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff were aware of their patients' needs.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including for those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were observed speaking to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

The manager told us that there was a new computerised record keeping system in place. A sample of care records reviewed evidenced some care plans lacked sufficient detail to direct the care required, for example, bespoke one to one care, insulin management and patients' mobility. It was also evidenced that some risk assessments were not fully completed such as falls risk assessment and nutritional assessments. Discussions with staff indicated that they felt they were, "still getting used" to the system and were not fully familiar with it. This was discussed with the manager who arranged further training for the staff in the use of the system.

It was positive to note that a recent care record audit had identified similar issues that were being addressed. Progress will be further reviewed at the next inspection and an area for improvement in relation to care records such as insulin management was stated for a second time.

Daily records were kept by the registered nurses, however; it was observed that the daily evaluations of care were not documented in the individual patient records. This was discussed with the manager and an area for improvement was identified.

Deficits in relation to the wound care records was evidenced; for example, the frequency of a dressing change not included in the relevant care plan and no ongoing wound treatment chart for another wound. This was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The cook had prepared the lunch and patients were observed enjoying their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, communal areas such as lounges, laundry and the kitchen for each bungalow.

Patients' bedrooms were personalised with items of importance to each patient, such as photos, toys and games.

A bottle of air freshener was accessible in a bathroom and unnamed toiletries and other items were accessible in two bungalows this was discussed with the staff and addressed immediately. An area for improvement was identified.

A number of staff were observed wearing watches, a bracelet and/or wearing nail varnish not in keeping with best practice guidance. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Activity schedules were developed by the home's activity staff member. The schedules were individualised to reflect the activities which the patients found most enjoyable.

Staff described how patients who were able to go out and about frequently and enjoyed bus trips with staff. Patients were seen enjoying being out in the garden and other patients were out on the bus. One patient was observed visiting friends in another bungalow.

5.2.5 Management and Governance Arrangements

Since the last inspection, there has been no change in the management arrangements. Mrs Carina Douglas has been the manager of the home since 10 January 2022.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home.

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 appointed as the adult safeguarding champion. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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 patients' next of kin and to their care manager. A review of records evidenced that two events, that required notification to RQIA, had not been submitted. This was discussed with the manager and an area for improvement was identified.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed. The reports however lacked detail and did not evidence shortfalls in regards to the documentation nor feedback from the visitors to the home. This was discussed with the manager 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 Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	4	8*

* the total number of areas for improvement includes one under standards that has been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Carina Douglas, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: From the day of inspection 2 July 2024	<p>The registered person shall ensure that a robust system is implemented and maintained in regards to the monitoring of staff registration with the Northern Ireland Social Care Council.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: From the day of inspection, the registered person completed a full review of all NISCC registrations for support staff in the service, and communicated with the inspector an assurance that all support staff working in the service were registered with NISCC. From this date all staff employed by the service must commence application to NISCC upon approval of position. A Monthly NISCC tracker is completed and shared with senior management team and available for review for inspection.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: From the day of inspection 2 July 2024	<p>The registered person shall ensure all chemicals are securely stored to comply with Control of substances hazardous to health (COSHH) recommendations in order to ensure that patients are protected from hazards to their health. This is stated in reference, but not limited, to the storage of air fresheners and access to toiletries.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All COSHH materials are stored securely on site, and this is an area of focus which is checked daily.</p>
Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: 30 November 2024	<p>The registered person shall ensure that, as part of the monthly monitoring visit, feedback of the service provision is sought from patients, relatives and staff and any deficits in service provision are quickly identified and monitored to make sure that they are addressed.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Full service review of completion of monthly monitoring visits. Detail is recorded of feedback from service users, staff and visitors and where action required this is logged within an action plan. The required actions or feedback is completed timely, and recorded for monthly review of monitoring visits.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2024</p>	<p>The registered person shall ensure that all notifiable events are submitted to RQIA without delay.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The registered person will ensure daily oversight of incidents that occur, and ensure notifiable events are logged within the set timeframe.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 2</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2022</p>	<p>The registered person shall ensure that patients' written agreements are updated to show the current weekly fee paid by, or on behalf of, patients.</p> <p>The agreements should reflect the items staff are authorised to purchase on behalf of patients. The agreements should be signed by the patients, or their representatives.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that adequate controls for undertaking and recording transactions on behalf of patients are implemented within each of the bungalows.</p> <p>The practice of using patients' monies to subsidise other patients to make purchases should cease immediately.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2022</p>	<p>The registered person shall ensure that the patients' inventory of personal possessions is maintained up to date with adequate details of the items brought into the patients' rooms. The records will be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 5.1</p>

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: 20 April 2023	The registered person shall review the current dining experience and ensure the following in regard to mealtimes; <ul style="list-style-type: none"> • menus are displayed at mealtimes and in a suitable format • staff are aware of the daily food options • records are maintained of the choice of meals offered to patients and these records are retained in the home. This includes any alternatives offered. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 5 Ref: Standard 18 Stated: Second time To be completed by: 30 November 2024	The registered person shall ensure that care plans are in place with sufficient detail to direct staff when patients are prescribed: <ul style="list-style-type: none"> • insulin • medicines to manage chronic pain • medicines to manage distressed reactions Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The registered person has shared the findings from the RQIA inspection with the nursing team. Additional staff training has been completed for all staff with use of IT systems. Care plans for medication specific to insulin, distressed reactions and pain have been completed, and regularly reviewed.
Area for improvement 6 Ref: Standard 4 Stated: First time To be completed by: 31 October 2024	The registered person shall ensure all records are maintained within patients' individual care records. This is stated in reference but not limited to the daily evaluation of care. Ref: 5.2.2
	Response by registered person detailing the actions taken: From the date of inspection, the registered person arranged additional training for nursing staff with use of IT systems. Individual interactions for each service user have been set including for daily evaluation of care.

<p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2024</p>	<p>The registered person shall ensure wound care documentation is maintained in keeping with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Service review of documentation re wound care, is available on the IT system for care plans, and is set for completion in adherence with minimum standards.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2024</p>	<p>The registered person shall ensure that the wearing of jewellery and or nail polish ceases with immediate effect in accordance with best practice and infection control measures.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervision completed with all staff re uniform policy and infection control procedures. Any staff not adhering to the policy will be managed through HR processes.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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