



Unannounced Follow-up Care Inspection Report 5 February 2019



Shaftesbury Mews

Type of Service: Nursing Home (NH)
Address: 646 Shore Road, Newtownabbey BT37 0PR
Tel No: 028 9085 5888
Inspector: Julie Palmer

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 18 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper	Registered Manager: See box below
Person in charge at the time of inspection: Joseph Blain- Registered Nurse	Date manager registered: Marlene Featherstone- Acting - No application required
Categories of care: Nursing Home (NH) NH-LD – Learning disability. NH-LD(E) – Learning disability – over 65 years NH-PH – Physical disability NH-PH(E) - Physical disability – over 65 years	Number of registered places: 18 A maximum of 6 patients to be accommodated in each of the 3 bungalows.

4.0 Inspection summary

An unannounced inspection took place on 5 February 2019 from 09.20 to 14.00 hours.

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 Care Standards for Nursing Homes 2015.

The inspection focused on assessing progress with the areas for improvement identified during the last care inspection on 17 April 2018; we can confirm that all areas for improvement identified during that inspection have been met.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Marlene Featherstone, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 16 August 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 August 2018. No areas for improvement were identified. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients and 14 members of staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hallway of bungalow two.

The following records were examined during the inspection:

- duty rota for all staff from 28 January to 10 February 2019
- four patient care records
- four patient care charts including food and fluid intake charts
- infection prevention and control audits
- care record audits
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Marlene Featherstone, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 August 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 17 April 2018

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 13 (7) Stated: Second time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff. This area for improvement is made with particular focus to the following: <ul style="list-style-type: none"> • ensuring a soap dispenser is available at an identified sink • sharps boxes should have the aperture closed when not in use • single use syringes should not be reused 	Met
	Action taken as confirmed during the inspection: Observations and discussion with the manager and staff evidenced that this area for improvement had been met. Refer to Section 6.3.2 for details.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 45.3 Stated: Second time	The registered person shall ensure that single use syringes are not be reused	Met
	Action taken as confirmed during the inspection: Observations and discussion with the manager and staff evidenced that this area for improvement had been met. Refer to Section 6.3.2 for details.	

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that supplementary care records, for example, food & fluid intake records, reflect a full 24 hours and that the total intake/output are collated into the patient's daily progress records.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of four patients' care records evidenced that this area for improvement had been met. Refer to Section 6.3.3 for details.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 12.14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that assistance with meals is provided in a discreet, unhurried and sensitive manner.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the meal time experience in bungalow three evidenced that this area for improvement had been met. Refer to Section 6.3.4 for details.</p>		

6.3 Inspection findings

6.3.1 Staffing Arrangements

Review of the nursing and care staff rotas from 28 January to 10 February 2019 evidenced that staffing levels were maintained as planned. The manager confirmed that staffing levels were kept under regular review to ensure the needs of patients were met. The manager also commented that there was minimal use of agency nursing staff but, if required to cover shifts, block bookings were arranged using staff that were familiar with the home if at all possible. A staff nurse has been recruited for a vacant post and will be commencing employment in the near future; this will further reduce the need for agency staff.

Observations and discussions with staff and patients evidenced that the number and skill mix of staff on duty met the needs of the patients safely and effectively.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of patients. Staff said that on occasions staffing levels were affected by short notice leave; however, this only happened occasionally and that shifts were "covered."

We also sought the opinion of staff on staffing levels via an online survey; no responses were received within the timescale.

Patients spoken with indicated that they were well looked after by the staff in Shaftesbury Mews and felt safe and happy living there. Patients who were unable to verbalise their feelings appeared content and relaxed in their surroundings and in their interactions with staff. Some comments received included:

- “It’s okay here.”
- “I like it here.”

We also sought the opinion of patients and relatives on staffing levels via questionnaires; no questionnaires were returned.

In each of the three bungalows the name of the nurse in charge and all staff on duty on the day was displayed on a white board in the entrance hallway for the information of patients, relatives and other staff.

6.3.2 The Environment

A review of the home’s environment was undertaken and included observations of a selection of bedrooms, bathrooms, lounges, dining rooms, the activity room, sluices and treatment rooms. The home was found to be warm, well decorated, clean and fresh smelling throughout. Patients’ bedrooms were personalised with items and belongings that were meaningful to them. All three bungalows displayed pictures and relevant information on noticeboards in a suitable and informative manner. The activity room, located in bungalow three, was brightly decorated with artworks and paintings the patients had created themselves; music was playing in the background, there was a warm and welcoming atmosphere; the activity co-ordinator was on duty and patients were looking forward to an ‘arts and crafts’ class.

The manager confirmed a soap dispenser had been erected at the previously identified sink and no further deficits were found in this area.

Observation and discussions with staff evidenced that single use syringes were not reused; staff demonstrated their knowledge of guidelines and best practice in this area which had been embedded into practice.

Review of treatment rooms evidenced that sharps boxes were stored safely and securely, apertures were found to be closed. Discussion with staff evidenced their knowledge of guidelines and best practice in this area which had also been embedded into practice.

6.3.3 Care Records

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Supplementary care charts such as food and fluid intake charts evidenced contemporaneous recording of food and fluid intake over the 24 hour period. Care plans and daily records reflected patients’ nutritional and fluid requirements.

In one care record reviewed, the daily record for 5 February 2019 for an identified patient had not been recorded on the correct daily progress notes documentation. This was brought to the attention of the manager who reviewed the use of correct documentation and good practice in record keeping with the staff member responsible. The correct documentation was put in place and this issue was satisfactorily resolved on the day of inspection. Care record audits were undertaken on a monthly basis.

6.3.4 Meal Time Experience

We observed the serving of the lunchtime meal in the dining room in bungalow three. There was a pictorial menu on display which reflected the choices available on the day and also the times meals were served at. Tables were set with individualised place mats which reflected the dietary requirements of each patient. Patients were assisted to the dining room by staff as required. Staff were observed assisting patients with their meal in a discreet, unhurried and sensitive manner. A registered nurse was overseeing the meal time. Staff were appropriately seated when assisting individual patients with their meal.

Staff demonstrated their knowledge of which patients required modified diets and fluids, likes and dislikes regarding food and drinks and how to care for patients during meal times. The food appeared to be nutritious and appetising and there was a selection of drinks on offer. Patients were offered their preferred condiments. Patients able to do so indicated that they enjoyed their meal.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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