



Unannounced Follow Up Care Inspection Report 6 February 2020



Shaftesbury Mews

Type of Service: Nursing Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Tel No: 028 9085 2866
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.

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 registered nursing home which provides care for up to 18 patients.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper | Registered Manager and date registered: Tanya Brannigan Acting - no application required |
| Person in charge at the time of inspection: Tanya Brannigan | Number of registered places: 18 |
| 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 Old age not falling within any other category. | Number of patients accommodated in the nursing home on the day of this inspection: 17 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. |

4.0 Inspection summary

An unannounced care inspection took place on 6 February 2020 from 09.25 hours to 14.55 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 DHSSPS Care Standards for Nursing Homes 2015.

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

The following areas were examined during the inspection:

- staffing-including deployment
- the environment
- training
- care records
- culture and ethos
- governance

Evidence of good practice was found in relation to staffing, the home's environment, training, communication, the culture and ethos and governance arrangements.

Areas requiring improvement were identified in relation to carrying out neurological observations following a fall and daily record keeping.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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 | *2 |

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Tanya Brannigan, manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 22 & 28 August 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 22 and 28 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 27 January to 9 February 2020
- staff training records
- incident and accident records
- three patients' care records including food and fluid intake charts
- registered nurse medicines competency assessment records
- a sample of governance audits/records
- a sample of monthly monitoring reports from August 2019
- a sample of patients' finance records
- a sample of podiatry treatment records
- RQIA registration certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

| 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 5 (1) (a) (b) Stated: Second time | The registered person shall ensure that each patient or their representative is provided with a statement (agreement) specifying – (a) the fees payable by or in respect of the patient for the provision to the patient of any of the following services – (i) accommodation, including the provision of food; and (ii) nursing; and, except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable. | Met |
| | Action taken as confirmed during the inspection: We reviewed a sample of patients' finance files and evidenced that the written agreements contained the details specified above. | |
| Area for improvement 2 Ref: Regulation 18 (2) (j) Stated: First time | The registered person shall ensure that a malodour in bungalow three is investigated and that any remedial action required is taken to resolve the cause of this. | Met |
| | Action taken as confirmed during the inspection: During review of the environment we found that the home was clean and fresh smelling throughout. No malodour was detected in bungalow three. | |

| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
|---|---|---------------------------------|
| Area for improvement 1 Ref: Standard 14.13 Stated: Second time | The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment of goods provided and the associated cost to each patients. | Met |
| | Action taken as confirmed during the inspection: Review of a sample of chiropody treatment records evidenced that these were signed by the person providing the service and a member of staff in order to verify the treatment was provided and the associated cost. | |
| Area for improvement 2 Ref: Standard 14.6 Stated: Second time | The registered person shall ensure that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is written authority to do so. | Met |
| | Action taken as confirmed during the inspection: Review of a sample of patients' finance files evidenced that where the home managed the personal money of a patient written authority had been obtained. | |
| Area for improvement 3 Ref: Standard 2.8 Stated: Second time | The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded. | Met |
| | Action taken as confirmed during the inspection: Review of patients' finance records evidenced that these contained a letter which had been sent to each patient or their representative requesting return of the signed written agreement included with the letter. Updated written agreements were included within the files reviewed. | |

| | | |
|---|---|----------------|
| Area for improvement 4 Ref: Standard 46 Stated: First time | The registered person shall ensure that the identified Infection Prevention and Control (IPC) shortfalls are resolved and the system in place to monitor IPC measures is robust. | Met |
| | Action taken as confirmed during the inspection: Review of the environment evidenced that the bungalows were clean and tidy. IPC shortfalls had been resolved and the system in place to monitor IPC issues was robust. | |
| Area for improvement 5 Ref: Standard 48 Stated: First time | The registered person shall ensure that all staff receive a session of practical fire training from a competent person. | Met |
| | Action taken as confirmed during the inspection: Review of training records confirmed that dates for practical fire training had been arranged for all staff. | |
| Area for improvement 6 Ref: Standard 4 Stated: First time | The registered person shall ensure that evaluation and reassessment of risk assessments and care plans in patients' care records is carried out on at least a monthly basis. | Met |
| | Action taken as confirmed during the inspection: In the care records reviewed we observed that evaluation and reassessment had been carried out on at least a monthly basis. | |
| Area for improvement 7 Ref: Standard 22 Stated: First time | The registered person shall ensure that in the event of a fall, where a head injury is either suspected or confirmed, neurological observations are completed for the full 24 hour period of time following the fall. | Not met |
| | Action taken as confirmed during the inspection: In the care record reviewed for one patient who had a recent fall and potential head injury we observed that neurological observations had not been completed. This area for improvement will be stated for the second time. | |

6.2 Inspection findings

Staffing

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were satisfied with staffing levels, they told us that efforts were made to cover short notice leave. Staff were also satisfied with teamwork in the home. Comments included:

- “The other staff are very supportive.”
- “It’s good here, I love it.”
- “Bit short staffed at times but agency cover.”
- “Teamwork is very good.”
- “All staff are more than approachable.”
- “Staffing goes in peaks and troughs.”
- “Shifts are generally covered.”
- “I love working here; no two days are the same.”

We also sought staff opinion on staffing via the online survey; no responses were received.

We observed that patients’ needs were met in a timely and caring manner by staff. Staff were attentive and obviously knew the patients very well.

Patients spoken with did not express any concerns regarding staffing levels. There were no patients’ visitors in the home during the inspection. We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires we left in the home; no responses were received.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

The environment

We reviewed the home’s environment and entered a selection of bedrooms, bathrooms, lounges, dining rooms, sluices and storage rooms in each bungalow. Patients’ bedrooms were tastefully decorated and personalised. Fire exits and corridors were observed to be clear of clutter and obstruction.

A malodour previously detected in bungalow three had been resolved; the home was fresh smelling throughout. This area for improvement had been met.

Infection prevention and control issues identified at the previous inspection had been resolved; the home was clean and hygienic. This area for improvement had been met.

Minor environmental issues brought to the attention of staff were resolved on the day of the inspection.

Following the inspection the manager confirmed that repairs required to the hallway floor in bungalow three had been completed, and that repairs were underway to an identified bath in bungalow two.

An ongoing redecoration and repair schedule was maintained. Flooring had been replaced in the lounges which were attractively decorated and furnished.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

Training

Discussion with the manager confirmed that practical fire training sessions, provided by a competent person, had been arranged for all staff. Review of training records evidenced that dates had been planned and staff had either already undertaken the training or had a date confirmed on which they would attend the training. This area for improvement had been met.

Review of training records evidenced that the manager and the majority of staff had completed the appropriate level of training in deprivation of liberty safeguards (DoLS). Nursing and care staff spoken with demonstrated awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them. The manager confirmed that staff training was monitored and staff were reminded when training was due.

Staff told us that they had sufficient access to training in order to enable them to carry out their role competently. One staff member commented that "training has been great".

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

Care records

We reviewed three patients' care records and observed that evaluation and reassessment of risk assessments and care plans had been carried out on at least a monthly basis; this area for improvement had been met.

In the care record reviewed for a patient who had recently had a fall we observed that neurological observations had not been completed nor had a rationale for non-completion been recorded. In the event of a fall, where a head injury is either suspected or confirmed, neurological observations should be completed for the full 24 hour period of time following the fall. This area for improvement had not been met and will be stated for the second time.

We also observed that, whilst daily progress notes were up to date, there were inconsistencies in the documentation used for recording these notes in one of the bungalows. Record keeping should be contemporaneous and consistent. An area for improvement was made.

Areas for improvement

An additional area for improvement was identified in this domain relation to the documentation used for daily record keeping.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

Culture and ethos

Patients were observed to be settled and content in their surroundings. We observed that staff provided patients with the appropriate level of supervision required and treated them with kindness and respect.

A range of activities were provided for patients and staff spoke enthusiastically about being able to take patients out and about. The home had transport available and staff regularly arranged trips with patients to, for example, local beauty spots, country parks and coffee shops.

We observed the serving of lunch in bungalow one. Staff were helpful and attentive; they demonstrated their knowledge of patients likes and dislikes. A pictorial menu was on display. The food smelled appetising and was well presented. The mealtime was observed to be a positive experience for patients.

Patients spoken with commented positively about life in the home; they told us:

- “I like it here.”
- “I tolerate it here, it’s okay.”
- “The food is good, nice and tasty.”
- “My room is lovely.”
- “I’m happy enough.”

Staff demonstrated their knowledge of how to communicate effectively with patients according to their differing needs and abilities.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

Governance

There had been no change in management arrangements since the last inspection. The manager confirmed that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, care records, falls and complaints.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Monthly monitoring reports were completed and included an action plan to ensure deficits identified were addressed within an agreed time frame.

We reviewed a sample of patients' finance records and podiatry treatment records; we observed that all the areas for improvement identified at the last finance inspection had been met.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tanya Brannigan, manager, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 22 Stated: Second time To be completed by: With immediate effect | The registered person shall ensure that in the event of a fall, where a head injury is either suspected or confirmed, neurological observations are completed for the full 24 hour period of time following the fall. Ref: 6.2 |
| | Response by registered person detailing the actions taken: Standard Operating Procedure - Falls has been given to each bungalow to display in the Nursing Office and discussed at the Clinical Governance Meeting. The Home Manager has flash meetings each morning and, if a fall is reported, evidence of required documentation is to be observed by Home Manager for monitoring purposes. |
| Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: With immediate effect | The registered person shall ensure that staff maintain consistent care records for patients by using the correct documentation for daily record keeping. Ref: 6.2 |
| | Response by registered person detailing the actions taken: Manager Walk Rounds take place daily which includes observing to ensure appropriate documentation. In addition, a Documentation Quality Walk Round takes place each month to check selected service user files. Each bungalow is using the same progress documentation, laminated copy in each bungalow to be photocopied when needed. |

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



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