



Unannounced Care Inspection Report 6 October 2020



Shaftesbury Mews

Type of Service: Nursing Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
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Inspector: Mandy Ellis

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 persons.

3.0 Service details

<p>Organisation/Registered Provider: Amore (Watton) Limited</p> <p>Responsible Individual: Nicola Cooper</p>	<p>Registered Manager and date registered: Stephanie Shannon Acting manager – application to be submitted</p>
<p>Person in charge at the time of inspection: Stephanie Shannon</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 Old age not falling within any other category.</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 6 October 2020 from 09.30 hours to 16.00 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.

The inspection assessed progress with any areas for improvement identified since the last care inspection and 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 arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements

The findings of this report will provide Shaftesbury Mews 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	1	3*

*The total number of areas for improvement includes one area under the standards which has been partially met and is stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Stephanie Shannon, Manager, and Tracey Henry, Operations 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.

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 two patients and ten staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. Eight questionnaires were returned from patients all with positive feedback, the content of the questionnaires were shared with the manager.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients and 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 during the inspection:

- the duty rota from 28 September 2020 to 11 October 2020
- the home's registration certificate
- the home's statement of purpose
- four patients' care records
- three patients' supplementary care charts
- two patients' neurological observation charts
- one staff recruitment file
- a sample of governance audits/records
- a sample of monthly monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

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 8 July 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 13 (1) (a)(b) Stated: First time	The registered person shall promote and make proper provision for the nursing, health and welfare of patients as follows: <ul style="list-style-type: none"> Ensuring that care record audits are completed in a robust manner 	Met
	Action taken as confirmed during the inspection: The care record audits reviewed were completed monthly; the records audited by staff were identifiable by the initials of the patient.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that regional Covid-19 guidance for nursing and residential homes is implemented in relation to twice daily recording of staff and patients' temperatures.	Met
	Action taken as confirmed during the inspection: Both patient and staff temperatures are recorded twice daily and a record of this is maintained and was reviewed on inspection.	
Area for improvement 3 Ref: Regulation 14 (2) c Stated: First time	The registered person shall ensure the home is free from unnecessary risks to the health and safety of patients. This relates specifically to: <ul style="list-style-type: none"> The safe storage of razors The storage of patients' toiletries in communal bathrooms The storage of continence products 	Met

	<p>Action taken as confirmed during the inspection: Communal bathrooms were observed free from patient toiletries, razors were stored appropriately and continence products were secured in locked cupboards.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 22 Stated: Third and final time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: A review of two patient observation charts evidenced neurological observations were carried out for 24 hours post fall.</p>	<p>Met</p>
<p>Area for improvement 2 Ref: Standard 12 Stated: Second time</p>	<p>The registered person shall ensure that menus are displayed in each bungalow for patients' information, in a suitable format and updated on a daily basis to reflect the food served.</p> <p>Action taken as confirmed during the inspection: The menu was appropriately displayed; work is ongoing to visually display food for the patients on menu boards. This is further discussed in 6.2.3.</p>	<p>Met</p>
<p>Area for improvement 3 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure that the duty rota clearly evidences the full name of all staff working in the home and any amendments made do not involve the use of correction fluid.</p> <p>Action taken as confirmed during the inspection: A review of the duty rota for two weeks did not include the use of correction fluid. However, the full name of staff was not included on three occasions.</p> <p>This area for improvement is therefore stated for a second time.</p>	<p>Partially met</p>

6.2 Inspection findings

6.2.1 Staffing arrangements

We reviewed the duty rotas for the period 28 September 2020 to 11 October 2020 and discussed staffing levels with the manager. We observed that staffing levels were subject to regular review to ensure that the assessed needs of the patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. The duty rota did not show any evidence of the use of correction fluid but on three occasions the full name of staff members working was not used; this was particularly evident when agency staff were utilised to cover shifts. This area for improvement has not been met and will be stated for a second time.

Staff spoken with did not express any issues with staffing levels and felt there was a good team of staff in the home, they felt supported by the manager.

Staff comments included:

- “things are ok, busy though.”
- “things are good, there have been some changes since the new manager came.”
- “everything is good.”

6.2.2 Personal Protective Equipment

Staff were observed to use PPE appropriately and were observed to carry out hand hygiene at appropriate times during our visit. PPE stations were well stocked throughout the home and the home had an adequate supply of PPE.

6.2.3 Infection Prevention and Control/Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, toilets, lounges and dining rooms. The home was clean and tidy throughout. Patients' bedrooms were tastefully decorated and personalised. We found corridors and fire exits were clear and unobstructed. The manager advised us that there are plans to commence refurbishment of the home. Two shower chairs in Bungalow one were showing evidence of rust this was discussed with the manager who agreed to replace the shower chairs. The dining rooms in Bungalow one and two had been upgraded since the last inspection; tables were attractively dressed with table cloths and condiments and were set for lunch. The notice boards displayed the food on offer and the cook was enthusiastic about future plans to display the menu as photographs. This work is ongoing and will be further reviewed at a future inspection.

6.2.4 Care delivery

Patients were dressed in clean clothes and appeared well groomed. Patients were also noted to be content and settled in their surroundings. Staff were observed providing patients with the appropriate level of supervision and treated them with kindness and respect. Staff were attentive to patients and demonstrated a good understanding of patients' assessed needs. There was a friendly and relaxed atmosphere in the home.

The review of three supplementary care records evidenced that they were accurately completed, providing up to date evidence of food and fluid intake, patients' behaviour and the personal care which had been provided.

Review of four patients' care records evidenced that individualised care plans and risk assessments were in place to direct the care required and reflected the assessed needs of patients. However, in the records reviewed there were gaps in the regular monthly review of identified care plans and risk assessments. These deficits were discussed with the manager and an area for improvement was identified.

Two topical medicine administration records were reviewed; shortfalls were identified in their accurate completion. The records did not consistently evidence two nurses' signatures on the transcription of the medicine, nor did the records have clear application instructions. An area for improvement was made.

6.2.5 Governance and management arrangements

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

The reports generated action plans but there was limited written documentation to evidence the ongoing work by the manager to address the deficits identified and the report was not consistently signed by the manager.

A range of audits were completed to assure the quality of care and services. For example, audits were completed regarding the environment, medication, care documentation, dining and nutrition. The action plans generated from the audits reviewed also lacked detail.

This was discussed at inspection feedback, how these action plans should be improved to clearly demonstrate progress in addressing the identified shortfalls or deficits. An area for improvement was identified in relation to governance audit actions plans.

We reviewed accidents/incidents records since the last inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

One staff recruitment file was reviewed. We noted that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Areas of good practice

Areas of good practice were identified in relation to: team work; staff knowledge of patients' individual needs.

Areas for improvement

Three new areas for improvement were identified in relation to regular monthly review of care documentation, topical medication records and governance action plans.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to the patient's individual needs. PPE was appropriately worn by staff
Three new areas for improvement were identified as outlined in this report.

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, Operations 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 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: 6.2.4</p> <p>Response by registered person detailing the actions taken: This has been addressed and continues to be monitored. Care plans are reviewed at least on a monthly or when there is a change in need. Documentation tracker is in situ and held on file for inspection.</p>
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 41 Stated: Second time To be completed by: with immediate effect	<p>The registered person shall ensure that the duty rota clearly evidences the full name of all staff working in the home.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: This has been addressed and full names and this includes agency colleagues and supporting agency name.</p>
Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: With immediate effect	<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: 6.2.4</p> <p>Response by registered person detailing the actions taken: This has been addressed and included in the daily managers Quality Walk Round, this is also being monitored by weekly Medication Quality Walk Rounds.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</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: 6.2.5</p>
<p>To be completed by: 8 November 2020</p>	<p>Response by registered person detailing the actions taken: This has been addressed and continues to be monitored. The Quality Walk Rounds completed by house managers are overseen by the Service Manager. Actions are addressed in real time and where these cannot be addressed in real time action plans are developed.</p>

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



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