

Unannounced Care Inspection Report

12 June 2020



Shaftesbury Mews

Type of Service: Nursing Home

Address: 646 Shore Road, Newtownabbey, BT37 0PR

Tel No: 028 9085 2866

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

Organisation/registered provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper	Registered manager and date registered: Stephanie Shannon – Acting manager – application to be submitted.
Person in charge at the time of inspection: Staff Nurse Emma Kearney	Number of registered places: 18 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.
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years I – 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

4.0 Inspection summary

An unannounced inspection took place on 12 June 2020 from 09.15 to 16.00 hours.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

RQIA received information from an anonymous source on 8 June 2020 which raised concerns in relation to the following: care practices, adherence to Covid-19 regional guidance, the use of Personal Protective Equipment (PPE) the dining experience of patients, the provision of activities and managerial oversight. In response to this information, RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate 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:

- staffing
- the use of personal protective equipment
- infection prevention and control (IPC)
- the environment
- care delivery
- activities provision
- the dining experience of patients
- governance and management arrangements.

Concerns were identified in relation to infection prevention and control and the lack of robust governance and managerial oversight within the home. These deficits had the potential to impact negatively on patients.

As a consequence, a meeting was held via video teleconference on 18 June 2020 with the intention of issuing two failure to comply notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1) relating to the management, leadership and governance arrangements
- Regulation 13 (7) relating to IPC practices

The meeting was attended via video teleconference by Nicky Cooper, Responsible Individual, Nicola Bailes, Managing Director, Tracy Henry, Operations Manager and Stephanie Shannon, Manager.

During the meeting the responsible individual provided details of an action plan which had been developed to address the concerns identified relating to management, leadership and governance arrangements and IPC practices in the home. RQIA was also provided with a detailed account of the actions taken to address these matters since the inspection. RQIA received assurance that actions had been taken regarding the deficits highlighted. It was decided that the two failure to comply notices would not be issued under Regulation 10 (1) and Regulation 13 (7).

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	3*

*The total number of areas for improvement includes two under the standards which were not reviewed at this inspection and have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Stephanie Shannon, Manager and Cathy Busby, Manager of Loughshore 1, a residential home which is located on the same site. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Due to the inspection findings relating to management, leadership and governance arrangements and IPC practices in the home, the responsible individual and senior management team was invited to attend a meeting via video teleconference on 18 June 2020.

During the meeting, the responsible individual provided an action plan and details of the completed/planned actions to drive improvement and ensure that the concerns raised at the inspection were addressed. RQIA decided to allow the responsible individual a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the responsible individual that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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

Questionnaires and 'Have We Missed You' cards were provided to give patients, staff and those who visit them the opportunity to contact us after the inspection with views of the home. One questionnaire response was received within specified timescales for inclusion in this report.

The following records were examined during the inspection:

- the duty rota from 8 to 21 June 2020
- six patients' care records
- three patients' supplementary care records including food and fluid intake charts, observation charts, personal care and elimination records and sleep observation records
- a sample of governance audits/ records
- a sample of monthly monitoring reports

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to a future 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 February 2020. The quality improvement plan from the previous inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

Areas for improvement from the last care inspection 6 February 2020		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: Second 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.	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 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.	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.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed the duty rotas for the period 8 to 21 June 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. Two staff spoken with advised that short notice absence

can be an issue but they were aware that efforts were made to try and cover absences. These comments were discussed with the manager for consideration and action, as appropriate.

Staff commented positively about working in the home, the sense of teamwork that existed among staff and being supported by the new manager.

6.2.2 Personal Protective Equipment

We observed that there was a supply of PPE and hand sanitisers at the entrance to each bungalow. There was a sufficient supply of PPE in the home and the manager told us that some PPE stock was being provided by both the Belfast Health and Social Care Trust and Northern Health and Social Care Trust. Staff told us that they felt safe with the PPE they were provided. Following the inspection, we were informed that all staff are to complete their donning and doffing of PPE competency by 30 June 2020.

6.2.3 Infection Prevention and Control/Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, toilets, lounges, dining rooms. Patients' bedrooms were tastefully decorated and personalised. We found corridors and fire exits were clear and unobstructed.

Deficits were noted in regard to the cleanliness of the environment, for example, identified shower chairs and soap dispensers required cleaning. In addition, a number of chairs in communal areas were worn and ripped, which impacted the ability of staff to effectively clean them. Bed linen was also found to be stained and the pillows in several bedrooms were in a state of disrepair. The responsible individual subsequently informed RQIA that a review of all internal furniture had been carried out following the inspection resulting in items being replaced and disposed of, as needed. It was further agreed that the manager will monitor the state of patients' bedding on a daily basis, taking action as needed. We were informed that an audit of all patients' pillows had been carried out on 17 June 2020 and that pillows were replaced as necessary.

We observed that staff did not employ effective hand washing practices consistently and/or were observed wearing jewellery, watches and nail extensions. This was discussed with the manager and it was subsequently agreed that the manager would address this issue with staff by means of individual supervision sessions and daily monitoring.

These IPC findings were discussed with the manager at the conclusion of the inspection and at the subsequent meeting with RQIA which occurred on 18 June 2020. An area for improvement was made.

It was of concern that there was an absence of domestic staff in two of the bungalows and that cleaning duties in these parts of the home had been delegated to care staff. Following the inspection RQIA was advised that cleaning schedules had been reviewed and updated by 17 June 2020 and that these would be monitored by the manager during her daily walk around the home.

Current Covid -19 guidance for nursing and residential care homes in Northern Ireland recommends that all care homes should be monitoring patients and staff for signs and symptoms of coronavirus; this monitoring includes twice daily temperature recording. There was no evidence that staff temperatures were recorded daily while patients' temperatures were

only being recorded once a day. The documentation of patients' temperatures was not evidenced in a consistent manner throughout the home. This was discussed with the manager for immediate action. An area for improvement was made. Following the inspection we were informed that the manager will monitor compliance with this aspect of regional guidance as part of her daily 'flash meeting' with staff.

A number of portable electric heaters were observed in communal areas and patients' bedrooms although not in use. This was discussed with the manager who was unaware of their presence; the manager stated that she would remove them, therefore mitigating any potential health and safety concerns.

6.2.4 Care delivery/Patients' dining experience / Activities

Patients appeared to be well cared for, were dressed in clean clothes and were well groomed. Patients were observed to be content and settled in their surroundings. Staff were observed to provide 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; staff were also seen playing games with patients and providing a relaxing massage to a patient.

Two patients spoken with commented positively, telling us:

"The staff are good to me."

"the staff are very good."

In relation to the dining experience of patients, we observed patients enjoying lunch in one of the bungalows; a choice of meals was available and the food looked appetising. However, we observed that the menu boards within each bungalow were not up to date. An area for improvement was made.

We reviewed three supplementary care records and noted that they were accurately completed, providing up to date evidence of food and fluid intake, patients' behaviour and personal care carried out.

However, review of six care records highlighted that staff had not consistently and/or robustly reviewed patients' care plans. In addition, important patient assessments including risk assessments regarding dependency, pressure area care and nutrition were not consistently reviewed or updated. This was discussed with the manager and an area for improvement was made. Following the inspection, we were advised that the management team had met with senior nursing staff to discuss and address these deficits. In addition, a 'documentation tracker' will now be used by nursing staff to help ensure that care records are effectively and consistently reviewed.

6.2.5 Governance and management arrangements

RQIA had not been informed of the recent appointment of a new manager, in keeping with regulation. This was discussed with the manager during and following the inspection. The responsible individual subsequently informed RQIA formally of this change on 16 June 2020 and this application will be reviewed accordingly.

A review of governance audits to monitor and report on the quality of nursing and other services highlighted that they were insufficiently robust so as to drive necessary improvements. For instance, a sample of completed care record audits highlighted that there was no evidence to inform which care records had been audited and whether any identified shortfalls had been addressed. An area for improvement was made.

The homes monthly monitoring reports for the period March 2020 to May 2020 (inclusive) were unavailable for inspection. An area for improvement was made under the regulations.

Areas of good practice

Areas of good practice were identified in regard to staff knowledge of patients' individual needs and in their compassionate and patient interactions with them.

Areas for improvement

Six new areas for improvement were identified with regard to: the environment; infection prevention and control; the dining experience of patients; management/governance oversight; and care documentation.

	Regulations	Standards
Total number of areas for improvement	5	1

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion.

Enforcement action resulted from the findings of this inspection, specifically, those findings relating to infection prevention and control, and management, leadership and governance arrangements. This resulted in a meeting with the responsible individual and senior management team on 18 June 2020 with the intention of serving two failure to comply notices.

During the meeting, the senior management team provided an action plan and details of the completed/planned actions to drive improvement and ensure that the concerns raised at the inspection were addressed. RQIA considered this information and the failure to comply notices were not served. RQIA decided to allow the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

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 Cathy Busby, Manager of Loughshore 1 residential home 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 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • The cleanliness of shower chairs / hand sanitisers • Staff compliance with hand washing / wearing of jewellery • Ensuring that bed linen/pillows are clean and fit for purpose Ref: 6.2.3
	Response by registered person detailing the actions taken: All shower chairs and hand sanitisers have been cleaned and are included within the cleaning schedule. Staff have received hand hygiene training, audits are ongoing. Bed linen and pillows have been replaced where necessary and checked during environmental walk arounds. The home has also received support from the IPC Team from the Northern Trust and any recommendations are being actioned currently.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	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. Ref: 6.2.3
	Response by registered person detailing the actions taken: All residents and staff have their temperatures taken twice daily. Resident temperatures are recorded on the NEWS documents. Staff's are recorded when they sign in and out of each shift.
Area for improvement 3 Ref: Regulation 15 (2) (a)(b) and Regulation 16 (2) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure patients' care plans and risk assessments are kept up to date and reviewed to accurately reflect the assessed needs of the patient. Ref: 6.2.4
	Response by registered person detailing the actions taken: All resident support plans have been updated to reflect their current care needs. Audits are ongoing and new documentation is in place. Regular internal audits will ensure that they are maintained and evaluated on a monthly basis and more frequently if needs change.

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall promote and make proper provision for the nursing, health and welfare of patients as follows:</p> <ul style="list-style-type: none"> Ensuring that care record audits are completed in a robust manner <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The support plans have been re-allocated to each bungalow and allocated to a named nurse. The House Managers will review the documentation audit and record actions. The Service Manager oversees this to ensure governance.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29 (5) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the monthly monitoring reports are available for viewing on inspection.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Regulation 29 Reports are in place and available for inspection. All actions will be updated and evidenced.</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p> <p>To be completed by: 6 February 2020</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>Ref: 6.1</p> <p>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</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 6 February 2020</p>	<p>The registered person shall ensure that staff maintain consistent care records for patients by using the correct documentation for daily record keeping.</p> <p>Ref: 6.1</p> <p>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</p>

Area for improvement 3 Ref: Standard 12 Stated: First time	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. Ref: 6.2.4
To be completed by: with immediate effect	Response by registered person detailing the actions taken: A new 4 weekly menu has been implemented. The cook is responsible for displaying such in each dining room on a daily basis and ensuring the menu is followed accordingly.

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



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