The Regulation and Quality Improvement Authority

Inspection Report

16 November 2021

Shaftesbury Mews

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: Amore (Watton) Limited **Responsible Individual :** Miss Sarah Perez – (Acting)	**Registered Manager:** Miss Stephanie Shannon – not registered
Person in charge at the time of inspection: Miss Stephanie Shannon	**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 PH – Physical disability other than sensory impairment 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 16 November 2021, from 9.00 am to 6.50 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

15 new areas for improvement were identified and. two areas for improvements have been stated for a second time. A third area for improvement has also been stated for a third time.

RQIA met with the senior management team and the manager on 26 November 2021 to discuss the inspection findings. During the meeting the responsible individual discussed the actions taken since the inspection to address the deficits identified and provided the necessary assurances to confirm they would address the remaining actions to ensure the home is brought back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

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.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner.

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 and 'Tell Us' cards 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 the manager and Tracey Henry, regional director, at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with one patient and 13 staff. No questionnaires or staff survey responses were returned within the indicated timeframe. Patients who were not able to voice their opinions verbally were seen to be relaxed and comfortable in their interactions with staff. Staff said that they enjoyed their job and providing care to the patients.

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 1 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 15 (2) (a)(b) **Stated:** Second time	The registered person shall ensure patient care plans and risk assessments are reviewed regularly and consistently.	**Not met**
	Action taken as confirmed during the inspection: Review of care records evidenced that care plans and risk assessments were not consistently reviewed. This area for improvement has not been met and is stated for a third and final time.	
Area for Improvement 2 **Ref:** Regulation 21 (5)(d) (i) **Stated:** First time	The registered person shall ensure that a robust system is in place which ensures that all relevant staff are registered with NISCC within expected timescales.	**Met**
	Action taken as confirmed during the inspection: A review of documentation evidenced this area for improvement was met.	

Area for improvement 3 **Ref:** Regulation 13 (1)(b) **Stated:** First time	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance: This specifically relates to: • The consistent recording of neurological observations • If observations are stopped before the recommended timeframe a clear rationale must be recorded.	**Not met**
	Review of records evidenced that neurological observations had not been consistently carried out for the recommended timeframe. This area for improvement has not been met and is stated for a second time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 35 **Stated:** Third and final time	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.	**Met**
	Review of records evidenced action plans were in place for deficits identified from governance audits.	
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time	The registered person shall ensure the number and ratio of the staff on duty at all times meet the assessed care needs of the patients.	**Not met**
	Discussion with staff and review of the duty rota evidenced that staffing levels were not consistently met. This area for improvement has not been met and is stated for a second time.	

Area for improvement 4 **Ref:** Standard 48.1 **Stated:** First time	The registered person shall ensure the fire risk assessment is reviewed annually in accordance with current legislation and guidance, and ensure that the level of risk is maintained at a suitable level.	**Met**
	Review of records confirmed that a current fire risk assessment dated 30 September 2021 was in place. The recommended actions from the fire risk assessment had been addressed.	
Area for improvement 5 **Ref**: Standard 37 **Stated:** First time	The registered person shall ensure that records and documentation is completed in accordance with legislative requirements, minimum standards and best practice. This specifically relates to fire drill records.	**Met**
	Review of fire drill records evidenced that they had been completed in accordance with legislative requirements, minimum standards and best practice.	
Area for improvement 6 **Ref**: Standard 22 **Stated:** First time	The registered person shall ensure that in the event of a fall patients' falls risk assessments and relevant care plans are reviewed and updated.	**Met**
	Review of records evidenced that patients' care plans and falls risk assessments had been reviewed and updated after a fall.	

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 that staff were recruited correctly to help protect patients. A newly recruited staff member's recruitment file was reviewed; this did not evidence they had fully completed their induction programme to help prepare them for working with the patients. An area for improvement was identified.

Review of staff training records evidenced a number of staff were not up to date in regard to some mandatory training requirements. An area for improvement was identified.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

While it was noted that staff responded to the needs of the patients in a timely way, discussion with the manager identified that there was no system in place to assess patient dependencies so as to inform staffing levels within the home; an area for improvement was identified.

The duty rotas accurately 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. However, the duty rota did not evidence which care staff had been allocated to cooking tasks at weekends. This was discussed with the manager and an area for improvement was identified.

Review of the duty rota evidenced that staffing levels had not been consistently maintained; discussions with staff confirmed that staffing levels been negatively impacted recently due to short notice sickness. This was discussed with the manager who advised of ongoing recruitment efforts for a number of roles within the home and that the home has a contingency plan in place in the event of staffing levels being reduced.

5.2.2 Care Delivery and Record Keeping

Staff stated that they meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded. A review of care documentation evidenced gaps in relation to how frequently care plans and risk assessments were reviewed; specific examples were discussed with the manager and an area for improvement was stated for a third and final time.

Examination of care documentation for patients who had experienced a fall evidenced that care plans and risk assessments were reviewed and updated following the incident. However, when the patients were commenced on neurological observations for unwitnessed falls it was observed that these were not completed for the recommended timeframe. An area for improvement was stated for a second time.

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 freshly prepared the lunch and patients were observed enjoying their meal.

However, it was observed that due to some estates matters, catering facilities had been temporarily relocated to another bungalow; discussion with the cook and observation of these arrangements highlighted a concern in regard to ensuring that risks within the environment were not being robustly managed.

This was discussed with the manager and an area for improvement was identified.

Further discussion with a staff member identified training deficits in regards to diet modification; an area for improvement was identified.

If required, records were kept of what patients had to eat and drink daily. Review of fluid intake charts evidenced that patients' fluid intake over 24 hours were not consistently recorded and a number of charts were not completed appropriately. An area for improvement was identified.

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 kitchen for each bungalow.

The inspection identified deficits with regards to compliance with the Control of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

We observed a number of environmental deficits in regard to quality of the environment; for instance, the integrity of flooring and several pieces of furniture were compromised; paint was also observed coming off identified walls. In addition, the heating system within one identified bungalow was not working effectively. These deficits were discussed with the manager and an area for improvement was identified. RQIA received information from the maintenance person that the heating system was now in full working order.

Observation of the environment and staff practices highlighted a number of shortfalls in regard to infection prevention and control practices. A number of staff were observed not adhering to 'bare below the elbow' best practice guidance and/or were not wearing the recommended face masks provided by the home. Also, several shower chairs were observed to require cleaning and some notices required laminating. An area for improvement was identified.

We also observed patients' personal toiletries and continence aids being stored inappropriately; an area for improvement was identified.

We reviewed fire safety arrangements within the home; an up to date fire risk assessment dated 30 September 2021 was available. Review of the laundry within one of the bungalows identified a number of items of bedding having been inappropriately stored beside a tumble drier. This was immediately brought to the staff's attention 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 patents found most enjoyable. Staff described how patients who were able to go out and about frequently enjoyed bus trips with staff. Staff advised that with the easing of some of the COVID-19 restrictions they had observed a positive behavioural change with some of the patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

A number of governance audits were completed to monitor the quality of care and services. However, it was identified that each bungalow did not have a full suite of governance audits completed; in addition, review of available governance audits highlighted that the deficits noted on inspection had not been identified. This was discussed with the manager and an area for improvement was identified.

While care record audits had been carried out within bungalow three, these had not been completed in a robust manner so as to drive sustained improvements. An area for improvement was identified.

The home was visited 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports are available for review by patients, their representatives, the Trust and RQIA. The most recent monthly monitoring report was dated 5 October 2021 with no such visit having been conducted since then. This was discussed with the manager and it was agreed that the November 2021 monthly monitoring report would be shared with RQIA as soon as possible.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. A review of these records identified one reportable incident which had not been notified to RQIA in keeping with Regulation; this was discussed with the manager and a retrospective notification was subsequently submitted to RQIA. An area for improvement was identified.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (April 2015).**

	Regulations	Standards
Total number of Areas for Improvement	11*	7*

*The total number of areas for improvement includes two stated for a second time and one stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and Tracey Henry, regional director, 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 15 (2) (a)(b) **Stated:** Third and final time **To be completed by:** With immediate effect	The registered person shall ensure patient care plans and risk assessments are reviewed regularly and consistently. Ref: 5.1 & 5.2.2
	Response by registered person detailing the actions taken: The service manager will complete a monthly Documentation Quality Walk Round and set timeframes for actions to be completed by the house managers of each bungalow.
Area for improvement 2 **Ref:** Regulation 13 (1)(b) **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance: This specifically relates to: • The consistent recording of neurological observations • If observations are stopped before the recommended timeframe a clear rationale must be recorded. Ref: 5.1 & 5.2.2
	Response by registered person detailing the actions taken: A falls file is in place with the Standard Operating Procedure within, this directs the nurse in charge to complete the physical and neurological observations required. Quality assurance will take place during the Managers Daily Quality Walk Round ensuring all reporting occurs as required. Where any observations have stopped, the manager will ensure the rationale is recorded.

Area for improvement 3 **Ref:** Regulation 20 (1) (c)(i) **Stated:** First time **To be completed by:** 16 December 2021	The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the manager and available for inspection in staff recruitment records. Ref: 5.2.1
	Response by registered person detailing the actions taken: All new starters will undertake a robust induction in both generic and health and safety matters. The home manager will be responsible for ensuring that probationary meetings occur as per the organisational policy and the induction documentation will be stored within secured personal files.
Area for improvement 4 **Ref:** Regulation 20 (1) (c)(i) **Stated:** First time **To be completed by:** 16 December 2021	The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role. Ref: 5.2.1
	Response by registered person detailing the actions taken: The manager will ensure that all mandatory and online training is completed within the timeframes specified ensuring all staff are competent to undertake their specific job role. Face to face madatory training will be planned and booked as required.
Area for improvement 5 **Ref:** Regulation 14 (2) (a) and (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all chemicals are securely stored in accordance with COSHH legislation, to ensure that patients are protected from hazards to their health. Ref: 5.2.3
	Response by registered person detailing the actions taken: All COSHH items are stored securely and checked on the Managers Daily Quality Walk round and any actions identified will be completed at the time. Staff have been reminded that all cleaning materials must be appropriately stored and returned to cupboard after use.

Area for improvement 6 **Ref:** Regulation 27 (b) (d) and (p) **Stated:** First time **To be completed by:** 16 December 2021	The registered person shall ensure the environmental deficits identified as part of this inspection are effectively addressed. With specific reference to: • the integrity flooring in Bungalows 2 and 3 • the heating system in Bungalow 2 • the identified walls are repainted • ripped or torn furniture is replaced. Ref: 5.2.3
	Response by registered person detailing the actions taken: A quote for the flooring replacement has been obtained and escalated for approval, now awaiting installation. The heating in Bungalow 2 has now been fixed. A quote has been obtained for the repainting of the bungalows, this has been escalated for approval. The manager has completed an order for new lounge furniture in each bungalow, and new dining chairs for each bungalow, now awaiting confirmation of delivery date.
Area for improvement 7 **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: • the use of fluid repellent surgical masks by all staff members when required • shower chairs are effectively cleaned • staff are bare below the elbow in keeping with best practice guidance • notices are laminated • the storage of continence products. Ref: 5.2.3
	Response by registered person detailing the actions taken: All PPE supplies are ordered form the Partnership Hub Northern Trust. The face masks received are the ones recommended to be fluid repellent. Only face masks that are stocked by site will be used by the staff team. The service manager and house managers will observe compliance and immediately remedy any breach identified. A one to one meeting has been completed with the Domestic

	staff, and a group supervision with all staff regarding the processes required for cleaning of shower chairs. The home manager will quality assure compliance during daily walk rounds. A group supervision with all staff has taken place regarding the requirements for infection control process adherance; including uniform, particularly 'bare below the elbow'. Any identified breaches will be managed in real time with zero tollerance. All notices are laminated and secured to the walls. The storage of continence products is securely managed within service user individual bedrooms.
Area for improvement 8 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the home is free from unnecessary risks to the health and safety of patients. This relates specifically to: • The safe storage of razors • The storage of patients' toiletries in communal bathrooms. Ref: 5.2.3
	Response by registered person detailing the actions taken: The flash meeting has been used to discuss the importance and reminding staff of appropriate storage of service user toiletries. All items that present a hazard will be stored in secure cabinets. This has been supported with notices displayed in each bathroom and is quality assured on the managers daily quality walk round.
Area for improvement 9 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the laundry environment is effectively managed in regard to fire safety arrangements. Ref: 5.2.3
	Response by registered person detailing the actions taken: Laundry rooms are checked during the manager daily quality walk round. Staff have been briefed in flash meetings regarding the appropriate use of the facilities ensuring compliance with fire safety requirements.

Area for improvement 10 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that robust governance arrangements and managerial oversight is maintained at all times. This relates specifically to the robust completion and application of quality assurance audits for all three bungalows in the home. Ref: 5.2.5
	Response by registered person detailing the actions taken: A daily and monthly quality walk round schedule has been implemented which is supported by Quality Improvement Lead support visits and a ratification process. Audit check sheets have been introduced to each bungalow as an aide memoire for the house managers. The home manager will quality assure this process using the monthly documentation quality walk round.
Area for improvement 11 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation. Ref: 5.2.5
	Response by registered person detailing the actions taken: During the managers daily quality walk round they will complete a review of all incidents within the home. Any incident that meets the required threshold will be reported to the RQIA by the home manager.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure the number and ratio of the staff on duty at all times meet the assessed care needs of the patients. Ref: 5.1 & 5.2.1
	Response by registered person detailing the actions taken: Staffing levels are reviewed on a daily basis. The staffing contingency plan will be used where there are staff shortages due to sickness or non-attendance. Where the gap on the rota can not be filled by perminant staff, agency staff are obtained. The service continues to have live recruitment adverts.

Area for improvement 2 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 16 December 2021	The registered person shall ensure that a robust system is devised and implemented which facilitates the accurate assessment of all patient dependencies so as to inform staffing levels. Ref: 5.2.1
	Response by registered person detailing the actions taken: Staffing levels in the bungalows have been agreed with the Trust multi disciplary teams prior to admission. Where any service users presentation/dependency has changed this is addressed with MDT to agree staffing requirements. The monthly dependency tool will be completed to review support needs.
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that staff allocated to cooking duties at the weekend are clearly identified on the duty rota. Ref: 5.2.1
	Response by registered person detailing the actions taken: Staff allocated for cooking duties are highlighted on the rota and are not required for care tasks. The kitchen assistant post has been advertised.
Area for improvement 4 **Ref:** Standard 47 **Stated:** First time **To be completed by:** 16 December 2021	The registered person shall review the dining experience. With specific reference to the location of the main kitchen for the home. Ref: 5.2.1
	Response by registered person detailing the actions taken: The main kitchen for cooking is located in bungalow 2 and will remain in this location. Staff are trained in food safety, kitchen safety and dysphagia.
Area for improvement 5 **Ref:** Standard 39.4 **Stated:** First time **To be completed by:** 16 December 2021	The registered person shall ensure that International Dysphagia Diet Standardisation Initiative (IDDSI) training is provided for identified staff. Ref: 5.2.1
	Response by registered person detailing the actions taken: Requests have been made for all staff to complete IDDSI training. The service manager will obtain the link from Trust.

Area for improvement 6 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 16 December 2021	The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily. Ref: 5.2.2
	Response by registered person detailing the actions taken: All fluid intake charts will be checked by the nurse in charge and actioned as part of handover to ensure this is fully reconcilled. House and service managers will quality assure fluid charts during daily walk rounds.
Area for improvement 7 **Ref:** Standard 35 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that care record audits are completed for all three bungalows and are completed in accordance with legislative requirements, minimum standards and best practice. Ref: 5.2.5
	Response by registered person detailing the actions taken: The service manager will complete a monthly documentation qualty walk round and set timeframes for actions to be completed by the house managers of each bungalow.

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care