

Inspection Report

20 April 2023



Shaftesbury Mews

Type of Service: Nursing Home (NH)
Address: 646 Shore Road, Newtownabbey, BT37 0PR
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Amore (Watton) Limited Responsible Individual: Miss Sarah Elizabeth Perez	Registered Manager: Mrs. Carina Douglas Date registered: 26 January 2023
Person in charge at the time of inspection: Mrs. Carina Douglas	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: 18
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 20 April 2023 from 10.00 am to 7.00 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.

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.

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 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 Carina Douglas, manager and Tracy Henry, Regional Director, at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were spoken with during the inspection. Patients told us they were happy living in the home. Patients who were not able to voice their opinions verbally were seen to be relaxed and comfortable in their interactions with staff.

Staff told us they felt well supported and that they enjoyed working in Shaftesbury Mews.

Two patients' relatives were also spoken with and all comments made were passed to the manager to review and action as necessary.

No questionnaires or staff survey responses were returned within the indicated timeframe.

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 13 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	<p>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.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • shower chairs are effectively cleaned • staff are bare below the elbow in keeping with best practice guidance • notices are laminated. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation on the day of inspection evidenced that this area for improvement was met.</p>	

Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	<p>The registered person shall ensure that the medicine refrigerators temperatures are accurately monitored and recorded daily to ensure no gaps in recording and to confirm medicines are stored at the manufacturer's recommended temperature.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met and is stated for a third time. Medicines refrigerators temperatures were recorded daily however, on numerous occasions the minimum temperature was below the recommended range and no action taken had been documented. In one bungalow only the current temperature was recorded daily. The maximum and minimum temperatures must be recorded daily.</p>	Partially met
Area for improvement 3 Ref: Regulation 13 (4) (a) Stated: First time	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Action taken as confirmed during the inspection: Observation on the day of inspection evidenced this area for improvement was met.</p>	
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall ensure that patients have a continuous supply of their prescribed medicines.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time	The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.	Not met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and will be subsumed into an area for improvement under the regulations.	
Area for improvement 2 Ref: Standard 35 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that support staff records are completed in full with sufficient detail as to how the patients "spent their day". This should also include daily review by the nurse in charge of the bungalow.	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met and is stated for a second time.	

Area for improvement 4 Ref: Standard 2 Stated: First time	<p>The registered person shall ensure that patients' written agreements are updated to show the current weekly fee paid by, or on behalf of, patients.</p> <p>The agreements should reflect the items staff are authorised to purchase on behalf of patients. The agreements should be signed by the patients, or their representatives.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 5 Ref: Standard 35.21 Stated: First time	<p>The registered person shall ensure that adequate controls for undertaking and recording transactions on behalf of patients are implemented within each of the bungalows.</p> <p>The practice of using patients' monies to subsidise other patients to make purchases should cease immediately.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 6 Ref: Standard 14.26 Stated: First time	<p>The registered person shall ensure that the patients' inventory of personal possessions is maintained up to date with adequate details of the items brought into the patients' rooms. The records will be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

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 staff were recruited correctly to protect patients and that the required information was included in recruitment records. Induction programmes were also completed.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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

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.

Staff members were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff were aware of their patients' needs.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were observed speaking to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Informative daily records were kept by the registered nurses however; additional records titled “how I spent my day” which are completed by the care staff over 24 hours detailing daily activities evidenced some that were completed in detail whilst others lacked detail and the oversight of these records by the registered nurses was inconsistent. This was discussed with the manager and this area for improvement was partially met and is stated for a second time.

The daily recording of the temperature of medicine refrigerators in all three bungalows was examined; all three records did evidence the consistent recording of the temperature. However, it was observed that at times the temperature recorded was frequently outside of the minimum recommended temperatures. This was discussed with the manager and this area for improvement was stated for a third time.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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, the menu was not clearly displayed and some staff were not aware of the meal options in order to offer patients a choice of meal. This was discussed with the manager and identified as an area for improvement.

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, reconciled for the 24 hours and evaluated by the registered nurses. This area for improvement previously stated under the standards is now subsumed into an area for improvement under the regulations.

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 the kitchen for each bungalow. However, a number of dining chairs were observed not to be fully cleaned these were addressed on the day of inspection and the manager told us this is being monitored.

Patients’ bedrooms were personalised with items of importance to each patient, such as photos, toys and games. The need for redecoration of one bungalow was discussed with the manager and also a bed room floor in one identified bedroom required to be replaced. Two bath hoist seats were observed not to be working and the manager told us that these were to be replaced. An area for improvement was identified and a time bound action plan has been requested to be submitted with the returned quality improvement plan detailing the work to be completed.

A fire door was observed to be propped open in one Bungalow and two chairs were observed partially blocking the fire exit in another, this was addressed by the manager during the inspection and an area for improvement was identified.

The Fire Risk Assessment for the home had been completed on 6 December 2022 and had actions developed. These actions had not been signed as completed. This was discussed with the manager who advised that these had all been addressed. This was further discussed with the manager who agreed to ensure to sign off the action plans at the time they are addressed.

A bottle of cleaning chemicals was accessible in the drawer of a unit in one bungalow and a small number of bottles of bubbles in another this was discussed with the manager who removed the items 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 patients found most enjoyable. However, the schedule on display was not the up to date schedule. This was discussed with the manager who addressed this.

Staff described how patients who were able to go out and about frequently and enjoyed bus trips with staff. Patients were seen enjoying being out in the garden and one patient told us of their recent win in the Botcha tournament. Whilst flooring was being replaced to a corridor in Bungalow one, the patients availed of a day trip to Portrush.

5.2.5 Management and Governance Arrangements

Since the last inspection, there has been no change in the management arrangements. Mrs Carina Douglas has been the manager of the home since 10 January 2022.

Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was appointed as the adult safeguarding champion. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month 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 are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where 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	5*	5 *

* the total number of areas for improvement includes one stated for a third time, one that has been stated for a second time and four that are carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that patients have a continuous supply of their prescribed medicines.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 13(4) Stated: Third time To be completed by: With immediate effect	<p>The registered person shall ensure that the medicine refrigerators temperatures are accurately monitored and recorded daily to ensure no gaps in recording and to confirm medicines are stored at the manufacturer's recommended temperature.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Conversation with Pharmacy Inspector and agreed to send the fridge temperature recordings directly at the end of each month. A new medication fridge has been ordered and a new thermometer in-situ to ensure full recording of max and min fridge temperature. All nurses have been reminded of responsibility to record any actions to ensure that the temperatures are maintained within range.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2012</p>	<p>The registered person shall ensure for those patients who require their fluid intake to be monitored, fluid recording charts are accurately recorded at all times, reconciled daily and consistently and meaningfully evaluated by the registered nurses.</p> <p>Ref: 5.1.and 5.2.2</p> <p>Response by registered person detailing the actions taken: Service Manager completed follow up with all nurses. For those service users who require fluid monitoring in place, each nurse with record and reconcile to daily and 24-hour totals and evaluate within progress notes.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure all chemicals and activity equipment are securely stored to comply with Control of substances hazardous to health (COSHH) recommendations in order to ensure that patients are protected from hazards to their health.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: All staff, including nursing, support staff, activity coordinator, domestic and maintenance reminded of responsibility to ensure all COSHH products are securely kept out of reach for service users and stored in a locked cupboard. Service Manager will complete routine checks during Daily Walk Round to ensure this procedure is completed.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. This is stated in reference to the propping of the identified fire door and ensuring exit routes are clear.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: Routine Fire Drills and Manager Daily Walk Round completed. All staff reminded of importance of maintaining safety of all in the service to minimise risk of fire. Mandatory fire safety training must be maintained over 90% . There will be no tolerance of propping doors open, as the door closure system can only work effectively when alarm is sounded if door able to close. All senior staff have been asked to ensure they check all areas and ensure no areas have doors propped open, and fire exits are accessible and clear of any obstruction to ensure safe evacuation</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 2 Stated: First time To be completed by: 31 May 2022	The registered person shall ensure that patients' written agreements are updated to show the current weekly fee paid by, or on behalf of, patients. The agreements should reflect the items staff are authorised to purchase on behalf of patients. The agreements should be signed by the patients, or their representatives. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 35.21 Stated: First time To be completed by: From the date of inspection onwards	The registered person shall ensure that adequate controls for undertaking and recording transactions on behalf of patients are implemented within each of the bungalows. The practice of using patients' monies to subsidise other patients to make purchases should cease immediately. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 14.26 Stated: First time To be completed by: 31 May 2022	The registered person shall ensure that the patients' inventory of personal possessions is maintained up to date with adequate details of the items brought into the patients' rooms. The records will be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall review the current dining experience and ensure the following in regard to mealtimes;</p> <ul style="list-style-type: none"> • menus are displayed at mealtimes and in a suitable format • staff are aware of the daily food options • records are maintained of the choice of meals offered to patients and these records are retained in the home. This includes any alternatives offered. <p>Ref:5.2.2</p> <p>Response by registered person detailing the actions taken: Discussion with support staff to identify a suitable approach to ensure the array of meal options and availability of choice is clearly evidenced. All staff to be able to easily understand the menu and ensure the choices are clearly offered and recorded for each service user. The option of using photocards to display the menu options to support servicers to make informed choice.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2023</p>	<p>The registered person shall ensure that the necessary environmental improvements are made to the home. A time bound action plan on how these are to be addressed is to be submitted to RQIA with the returned QIP.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: Redecoration plan in place for Shaftsbury Mews, please see attached action plan with set timeframes for completion.</p>

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



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