

# Announced Premises Inspection Report

## 6 March 2018



## Shaftsbury Mews

**Type of service: Nursing Home**  
**Address: 646 Shore Road, Newtownabbey, BT37 0PR**  
**Tel No: 028 9085 5888**  
**Inspector: Gavin Doherty**

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

Shaftesbury Mews is a nursing facility with 18 beds that provides care for patients living with learning disability and old age not falling within any other category.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Parkcare Homes No2 Ltd  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager:</b> Marlene Featherstone
<b>Person in charge at the time of inspection:</b> Marlene Featherstone	<b>Date manager registered:</b> Marlene Featherstone – Registration Pending
<b>Categories of care:</b> NH-LD, NH-LD(E)	<b>Number of registered places:</b> 18

### 4.0 Inspection summary

An announced inspection took place on 6 March 2018 from 10.00 to 12.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the ongoing maintenance of the premises and the monitoring of key aspects of health and safety within the premises.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Marlene Featherstone, Manager as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 23 January 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Recent inspection reports and returned QIPs
- Recent correspondence with the service
- The establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- Service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- Legionellae risk assessment
- Fire risk assessment.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 January 2018

This QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last premises inspection dated 23 February 2017

There were no areas for improvement made as a result of the last premises inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to building maintenance, health and safety, and staff fire training. All staff received face to face training in January 2018, with a fire drill was undertaken on 29 January 2018.

Both the fire detection & alarm system and the emergency lighting installation are suitably maintained with the most recent servicing undertaken on 19 January 2018.

A legionella risk assessment was in place and available for inspection. This was completed on 27 October 2017 and is being implemented and maintained. Records were available for the temperature monitoring regime, shower maintenance and the flushing of seldom used outlets within the premises. A water safety company carry out further 6 monthly and annual monitoring.

The fixed electrical installation was commissioned in 2017 and was in a satisfactory condition. Portable appliances were tested on 30 January 2018 and no failures were noted.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

### Areas of good practice

Areas of good practice were identified in relation to the environment, the management ethos of the home and infection prevention and control.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

## Areas of good practice

Areas of good practice were identified in relation to the personalisation of resident's private accommodation and effective, sympathetic signposting throughout the premises.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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