

# Inspection Report

5 September 2023



## Deanfield

Type of service: Nursing Home

Address: 19 Deanfield, Limavady Road, Londonderry, BT47 6HY

Telephone number: 028 7134 4888 / 028 7134 1754

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Loughview Homes Ltd	<b>Registered Manager:</b> Mrs. Joy McLaughlin
<b>Responsible Individuals:</b> Mr. Paul Steele Mr. Michael Curran	<b>Date registered:</b> 13 December 2007
<b>Person in charge at the time of inspection:</b> Mrs. Joy McLaughlin	<b>Number of registered places:</b> 28
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 27
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 28 patients. The home operates over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 5 September 2023, from 9.30am to 3.10pm. The inspection was conducted by a care inspector.

The inspection assessed progress with the one area of 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.

The previous area of improvement was addressed as satisfactory.

Care was seen to be delivered in a kind, caring manner and patients were seen to be comfortable, content and at ease in their interactions with staff and environment.

Patients said that living in the home was a good experience.

Two areas requiring improvement were identified during this inspection. These were in relation to risk assessing free standing wardrobes and hot surfaces and paintwork to bedroom doors.

RQIA were assured that the delivery of care and service provided in Deanfield was effective, compassionate and well led. RQIA will be assured that the service provided in Deanfield will also be safe in addressing these two areas for improvements.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Mrs. Joy McLaughlin at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients said that they were happy with their life in the home, their relationship with staff and the provision of meals. One patient made the following comment; "It couldn't be better. I am very happy here."

Staff spoke in positive terms about the provision of care, the teamwork and staffing levels and the managerial support.

Two returned patient questionnaires were positive on their views about life in the in home.

## 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 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14(3)  <b>Stated:</b> First time	The registered person shall ensure safe moving and handling practices are in place at all times. Reference to this is made with patients being transferred in wheelchairs without any footrests in situ.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area of improvement was seen to be met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke positively on the provision of training. Mandatory training for staff was maintained on an up-to-date basis.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the manager was not on duty. Any nurse who has the responsibility of being in charge of the home, in the absence of the manager has a competency and capability assessment in place for this responsibility. A nurse on duty described how their period of induction lasted and the support they received from the manager and how they felt this was a positive experience.

All nursing and care staff are registered with their aligned professional organisation, which was either the Nursing & Midwifery Council or the Northern Ireland Social Care Council (NISCC). Checks are maintained on a monthly basis of these registrations.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. It was observed that staff responded to requests for assistance promptly in a caring and

compassionate manner. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and described the manager as being very supportive. Two patients made the following comments; “I see nothing wrong with this place. It is marvellous and so is the food.” and “I am cared for very well and so too is everyone else.”

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff interactions with patients were observed to be polite, friendly, warm and supportive. The atmosphere was relaxed, pleasant and friendly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and / or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dinner time meal was appetising, wholesome and nicely presented. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were able to describe how they were made aware of patients' individual nutritional and support needs, including recommendations made by the Speech and Language Therapist (SALT).

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Daily progress records were kept of how each patient spent their day and the care and support provided by staff.

Care records were maintained safely and securely.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Patients' bedrooms were comfortable, suitably facilitated and nicely personalised. Communal areas were suitably decorated and comfortable. Bathrooms and toilets were clean and hygienic. Evidence was in place to confirm that there was an active programme of redecoration and refurbishment in place, such as new flooring, paintwork and bedroom furnishings.

An area of improvement was identified to make good a large number of doors which were scuffed and also the paintwork was damaged.

A number of patients' wardrobes were not attached to the wall and this posed a risk if a patient were to pull on same in the event of a fall. A radiator in an identified corridor was excessively hot to touch and this posed a further risk if a patient were to lie against same in the event of a fall. An area of improvement was made to address these risks.

Cleaning chemicals were stored safely and securely.

The laundry department was tidy and well organised.

The grounds of the home were nicely maintained.

The home's most recent fire safety risk assessment was dated 22 August 2023. There were no recommendations made from this assessment.

Fire safety training, safety drills and checks in the environment were maintained on an up-to-date basis.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### 5.2.4 Quality of Life for Patients

General observations of care practices confirmed that patients were able to choose how they spent their day. At the onset of the inspection, some patients who chose to have a lie in were observed having a late breakfast. One patient described in detail how they felt staff couldn't do enough for them and that they felt very safe and comfortable.

Patients were engaged in activities such as; watching TV, resting or chatting to one another, or planned activities with the activities co-ordinator.

Records of activities and events were suitably maintained.

Patients were seen to be comfortable, content and settled in their surroundings and in their interactions with staff. One patient made the following comment "You'd be looking a long time to find a problem here. The staff are very good and very patient."

The genre of music and television played was in keeping with patients' age group and tastes.

The atmosphere in the home was relaxed and welcoming.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs. Joy McLaughlin has been the registered manager in this home since 13 December 2007.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

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 identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk. Discussions with staff confirmed knowledge of who to report concerns to.

A review of the records of accidents and incidents which had occurred in the home found that these were managed and reported to the relevant stakeholders correctly.

Review of the record of complaints confirmed that expressions of complaint were taken serious and managed appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. These included audits of infection prevention and control, care records and care practices.

The home was visited each month by the responsible individual(s) to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports are available for review by patients, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs. Joy McLaughlin, Manager, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> First time  <b>To be completed by:</b> 5 October 2023	The registered person shall make good the paintwork / surface of doors throughout the home.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Company contacted, doors measured, awaiting quotes and timescale for completion
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27(2)(t)  <b>Stated:</b> First time  <b>To be completed by:</b> 5 October 2023	The registered person shall risk assess in accordance with current safety guidelines with subsequent appropriate action; <ul style="list-style-type: none"> <li>• All free standing wardrobes</li> <li>• All radiators and hot surfaces.</li> </ul> Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Wardrobes identified and made secure. Risk assessment of radiators completed and those identified have valves to control the temperature or radiator covers fitted

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





The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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