



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Enforcement Compliance Monitoring Inspection Report 10 October 2019



## Deanfield

**Type of Service: Nursing Home**

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

**Tel No: 028 7134 4888/028 7134 1754**

**Inspectors: Jane Laird & Rachel Lloyd**

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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 registered nursing home which provides care for up to 28 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Loughview Homes Ltd  <b>Responsible Individuals:</b> Mr Paul Steele Mr Michael Curran	<b>Registered Manager and date registered:</b> Mrs Joy McLaughlin 13 December 2007
<b>Person in charge at the time of inspection:</b> Ms Ciara MacHugh, deputy manager 09.30-10.45 Mrs Joy McLaughlin, registered manager 10.45-16.00	<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> 26

### 4.0 Inspection summary

An unannounced inspection took place on 10 October 2019 from 09.30 to 16.00 hours. This inspection was undertaken by care and pharmacy inspectors.

During the last inspection in the home on 15 July 2019, evidence was available to validate compliance with the Failure to Comply Notice (FTC) issued on 17 May 2019. The FTC Notice (FTC000045), related to the management of medicines and to breaches in Regulation 13 (4) of The Nursing Home Regulations (Northern Ireland) 2005. The areas identified for improvement and compliance with the regulations included ensuring that patients had a continuous supply of their prescribed medicines, that robust governance systems were in place with regards to medicines management and that medication related incidents were reported to RQIA.

This inspection was undertaken to ensure sustained compliance with this FTC notice and to assess progress with all areas for improvement identified in the home during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Prior to the inspection concerns were raised by a member of the public in relation to pressure area care, inadequate care delivery and patient presentation below acceptable standards. We reviewed a number of care records and documents during the inspection and observed the presentation of patients and were unable to substantiate the concerns raised.

Evidence was available during this inspection to validate sustained compliance with the Failure to Comply Notice.

Evidence of good practice was found in relation to staff recruitment, induction, communication between patients, staff and other key stakeholders and maintaining good working relationships.

Further areas of good practice were identified in relation to the culture and ethos of the home and governance arrangements.

One new area for improvement was identified in relation to the management of medicine storage. An area for improvement identified at the previous inspection in relation to ensuring that fire doors are not propped open has been stated for a second time.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	0

\*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Joy McLaughlin, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 15 July 2019.

The most recent inspection of the home was an unannounced care/medicines management inspection undertaken on 15 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care and medicines management inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home

- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You?' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection we met with the registered manager, the deputy manager, seven staff, nine patients and two patient representatives.

The following records were examined during the inspection:

- duty rota for all staff from 30 September 2019 to 13 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient repositioning charts
- a sample of governance audits/records
- maintenance checks on window restrictors
- cleaning schedule for laundry room
- complaints record
- compliments received
- a sample of monthly monitoring reports for August 2019 and September 2019
- RQIA registration certificate

A sample of the following medicines management records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- staff training records
- medicine and governance audits
- patient care records
- medicine storage temperatures
- controlled drug records

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 previous inspections

Areas for improvement from the last care inspection dated 15 July 2019		
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 13 (1) (b) <b>Stated:</b> Second time	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that unwitnessed falls were being managed in line with best practice and that neurological observations were obtained. This is discussed further in 6.3.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.  Specific reference to care plans: <ul style="list-style-type: none"> <li>• Care plans to reflect the patients' medical conditions and current needs</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed a sample of patient care records which evidenced that care plans reflected the patients' medical conditions and current needs.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (4)(b) <b>Stated:</b> First time	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.  Specific reference to ensuring that fire doors are not propped/held open.	<b>Not met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector identified two doors propped open during the inspection which was brought to the attention of the manager to address with staff.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home.</p> <p>The manager must ensure:</p> <ul style="list-style-type: none"> <li>• Environmental audits are carried out on a monthly basis</li> <li>• Care records are reviewed regularly to ensure that they accurately reflect the needs of the patient</li> <li>• Accident/incident audits identify where neurological observations have not been recorded following an unwitnessed fall and the necessary action taken</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that audits in relation to the environment, care records and accident/incidents were being carried out monthly and where deficits had been identified, relevant action had been taken to address the issue.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, an appropriate care plan is implemented.</p> <p>The manager must ensure:</p> <ul style="list-style-type: none"> <li>• The frequency of repositioning within recording charts reflects the patients care plan</li> <li>• Ensures that patients are repositioned as per the recommended frequency documented within the care plan</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> On review of a sample of repositioning charts and care records it was evident that patients were being repositioned as per recommended frequency recorded within repositioning charts and reflected in the patients' care plans.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that key members of staff have responsibility for the implementation of infection prevention and control procedures.</p> <p>With specific reference to the laundry room:</p> <ul style="list-style-type: none"> <li>• Patients items of clothing should not be steeped in water</li> <li>• A schedule must be implemented and maintained to ensure that the laundry room is kept clean</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed during the inspection that patients' items of clothing were not being steeped in water and a cleaning schedule had been implemented for the laundry room.</p>	<b>Met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose.</p> <p>With specific reference to window restrictors:</p> <ul style="list-style-type: none"> <li>• Maintenance checks of the building are carried out and recorded on a weekly/monthly basis as required</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that maintenance checks were being carried out on window restrictors on a monthly basis with other checks of the building evident within a folder carried out and recorded on a weekly/monthly basis as required.</p>	<b>Met</b>



## 6.2 Inspection findings

### 6.3 Is care safe?

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

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly in the dining room having breakfast, whilst other patients were either seated in the lounge or in bed as per their personal preference or assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of one staff recruitment file evidenced that appropriate pre-employment checks had been completed prior to the commencement of employment.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by the home manager and that they worked well together as a team. Comments included:

- "I love it here."
- "Very happy working at Deanfield."
- "Staff all work well together."

We also sought staff opinion on staffing via the online survey although nil responded within the required time frame post inspection.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Deanfield. We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame provided.

An area for improvement that was identified during the previous inspection in relation to post fall management was reviewed. Records evidenced that unwitnessed falls were managed in line with best practice and neurological observations were commenced with care plans and risk assessments appropriately updated. The manager had recently reviewed the head injury observation policy in line with the updated NICE guidelines, but was unsure as to what the recommended duration was of the observations from the onset to the completion and was advised to communicate with the commissioning trust. Following the inspection the manager confirmed that she had consulted with the commissioning trust and has revised the policy and informed all registered nurses. This area has been suitably addressed.

We identified two fire doors propped open during the inspection and discussed this with the manager to address with relevant staff. This was an area for improvement which was identified at the previous inspection and has been stated for a second time.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm and comfortable throughout. A number of infection prevention and control deficits were identified in relation to the cleanliness of furniture/equipment within patients' bedrooms and lounges. Identified urinal bottles evidenced that these had not been effectively cleaned following use and dust was evident to high and low surfaces. The above issues were discussed with the manager and all deficits identified were addressed during the inspection.

A number of audits were completed on a monthly basis by the manager, deputy manager and/or registered nurses to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Audits in relation to care records, infection prevention and control, hand hygiene and the environment were also carried out on a monthly basis and were well maintained. However, on review of the monthly audits for the environment a discussion was held with the manager around the need to include the monitoring of urinal bottles and high and low surfaces to ensure they are reviewed on a regular basis and action taken where deficits are identified. The manager agreed to add these areas to monthly audits and continue to monitor during daily walk arounds.

We reviewed maintenance checks on window restrictors and evidenced that these checks were being carried out on a monthly basis with other checks of the building carried out and recorded on a weekly/monthly basis as required. This was an area for improvement identified at the previous inspection which has been suitably addressed.

## **Management of Medicines**

Systems were in place to ensure that patients had a continuous supply of their prescribed medicines. Stock levels of medicines were reviewed weekly and medicines were ordered promptly to ensure that any potential issues were resolved before the current supply had run out. A record of any issues identified and the actions taken was maintained.

There was evidence that medicines were being administered as prescribed. There were robust systems in place for the management of medicines on admission and for medication changes. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Robust auditing systems were in place to identify deficits in the availability of prescribed medicines and evidence any action taken. It was evident that registered nurses were aware of their accountability regarding ensuring that patients had a continuous supply of their prescribed medicines. Each named nurse audited their assigned patients' medicines monthly. There was evidence that these audits were reviewed by the manager.

We reviewed a sample of the medication administration records from 16 July 2019 to the day of the inspection. It was pleasing to note that no medicines had been omitted due to being unavailable in the home.

Systems were in place to ensure that RQIA is notified if prescribed medicines are not available for administration. The manager advised that all registered nurses were aware that the

prescribers, RQIA and relevant Trust must be notified if prescribed medicines were not available for administration.

Evidence was available to validate sustained compliance with the Failure to Comply Notice (FTC 000045).

On arrival in the home, inspectors observed that the door to the nurses’ office where medicines are stored was wedged open. Some cupboards were unlocked and a tray of medicines delivered that morning was on a chair. The door to the office must be locked when unattended to ensure that medicines are stored safely and securely. An area for improvement was identified.

The area for the storage of medicines is limited. It was agreed that consideration would be given to storing archived medicine records and other items in a separate cupboard/filing cabinet to provide more space for medicine storage.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the medicines records, the management of controlled drugs, audit/governance in relation to the management of medicines, staffing, staff recruitment and induction.

**Areas for improvement**

An area for improvement was identified in relation to medicine storage.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

**6.4 Is care effective?**

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of pressure area care and use of restraint. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary.

We reviewed a sample of repositioning records which were well maintained. There was evidence within the repositioning charts that patients had been repositioned as per the recommended frequency which was reflected within the patients care plan and the condition of the patient’s skin was documented on each repositioning intervention.

We reviewed of a sample of patients daily progress notes and identified that there was no comment on the meals/fluids consumed within the records. On request of records for dietary intake the manager stated that they do not keep a record of every patient’s dietary/fluid intake

unless they have concerns regarding the patient’s appetite/fluid intake. The recording of patients dietary intake was discussed with the manager in relation to ensuring a record of meals consumed is maintained. We further discussed the importance of establishing a set fluid target for all patients at risk of dehydration and to review current recording charts to establish a more robust system. Following the inspection the manager provided information regarding the implementation of a new recording chart for all meals consumed and that all patients identified as requiring their fluid intake to be monitored have a set fluid target included within their care plan. This will be reviewed at a future inspection.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

**Areas for improvement**

There were no areas for improvement identified during the inspection within this domain.

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

**6.5 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.**

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely.

Consultation with nine patients individually, and with others in small groups, confirmed that living in Deanfield was a mostly positive experience.

**Patient comments:**

- “Staff are very nice.”
- “Never have to wait too long for anything.”
- “Food is very good here.”
- “I am very happy here.”
- “Staff are looking after me very well.”
- “Couldn’t be better here. Great place.”

**Representatives’ comments:**

- “Very well cared for.”
- “Very happy with the care.”
- “Couldn’t have picked a better place.”
- “Food is excellent.”

During the inspection we met with two patient representatives who were very complimentary of the homes environment and did not raise any concerns. We also sought relatives’ opinion on staffing via questionnaires. There was no response in the time frame allocated. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. On the day of the inspection the activity schedule was on display within the main reception area and patients confirmed that they were informed verbally by the activity person regarding upcoming events and were satisfied that there were enough activities within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

There were no areas for improvement identified during the inspection within this domain.

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

**6.6 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.**

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours were recorded and the capacity in which these were worked. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual and copies of the report were available for patients, their representatives, staff and trust representatives.

**Areas of good practice**

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

**Areas for improvement**

There were no areas for improvement identified during the inspection within this domain.

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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Joy McLaughlin, Registered Manager, 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 the Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (4)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate effect</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.</p> <p>Specific reference to ensuring that fire doors are not propped/held open.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> On the day of the inspection all precautions were addressed. Staff were all reminded of the risks of propping open doors. Home provider has a reminder day weekly in which an email is sent with regards to all fire risks.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate effect</p>	<p>The registered person shall ensure that medicines are stored securely at all times.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Medication in the home is in locked cupboards in the treatment room. This door is always locked when the nurse is out of the room. On the day of the inspection a drug delivery was left in the treatment room and not put away immediately. This has now been addressed by the nurse manager to all registered nurses and must be attended to immediately.</p>

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





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