

Inspection Report

13 September 2022



Deanfield

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Loughview Homes Ltd Responsible Individual: Mr Paul Steele	Registered Manager: Mrs Joy McLaughlin Date registered: 13 December 2007
Person in charge at the time of inspection: Ms Ciara MacHugh, Nursing Sister	Number of registered places: 28
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 28 patients. The home is over two floors with access to the first floor via a passenger lift or stairs.	

2.0 Inspection summary

This unannounced inspection took place on 13 September 2022, from 9.20am to 2.35pm 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. All these areas were met.

One area of improvement was identified during this inspection in relation to moving and handling practices. This received assurance that this would be addressed without delay.

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.

RQIA were assured that the delivery of care and service provided in Deanfield was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the management team 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 Ms Ciara MacHugh, Nursing Sister 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, the provision of care and kindness received from staff and the provision of meals.

Staff spoke in positive terms about their roles and duties, the provision of care, teamwork, training and managerial support.

One visiting relative said they were happy with the care provided for and the kindness and support of staff.

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 20 April 2021		
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: First time	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • surface damage to identified bedroom furniture, wash hand basin, skirting boards, walls and hand rail on the stairs • light pull cords are covered • the location of nurse call leads around the grab rail of raised toilet seats are reviewed • the location of hand paper towels and gloves beside toilets are reviewed • sink plug chains are reviewed and replaced where necessary. 	Met
	<p>Action taken as confirmed during the inspection: These areas were examined and found to be addressed.</p>	
Area for Improvement 2 Ref: Regulation 27 (2) Stated: First time	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • potential trip hazard from floor coverings within identified areas are repaired/replaced • malodour in identified communal shower room/toilet is investigated and resolved • pane of glass is replaced to identified window • damage to the wall and ceiling within identified communal toilet are repaired. 	Met

	<p>Action taken as confirmed during the inspection: Evidence was found that a programme of redecoration had taken place and addressed all these areas.</p>	
<p>Area for Improvement 3</p> <p>Ref: Regulation 27 (4) (a) (b) (d) (i) (ii) (f)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precaution against the risk of fire.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • fire doors are maintained to close properly • relevant fire detecting equipment is installed in the identified store room • oxygen is stored in accordance to the manufactures guidance and a sign is displayed on the identified store door • PEEPs are reviewed no less than yearly and/or when a change of circumstances is evident • all staff participates in a fire evacuation drill at least once a year with a record of staff names who were present. <p>Action taken as confirmed during the inspection: These areas of fire safety were all found to be appropriately addressed.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements in place to meet them.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • staff training records are maintained to include the date the training was attended and a system for review is implemented for when training is next due <p>MCA/DoLS training is completed by all staff and evidence of such training is maintained within the home.</p> <p>Action taken as confirmed during the inspection: The staff training records has been revised and all staff were in receipt of DoLS training.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 39 Stated: First time	The registered person shall ensure that where a competency and capability assessment is completed for the nurse in charge that it is signed and dated by both the person carrying out the assessment and the nurse being assessed.	Met
	Action taken as confirmed during the inspection: Competency and capability assessments were appropriately signed and dated.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that any amendments to care records are signed/dated by the staff member making the amendment.	Met
	Action taken as confirmed during the inspection: Amendments to care records were appropriately recorded.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management. Staff said that they were satisfied with the staffing levels. The Nursing Sister described staffing in the home as very stable with a low turnover of staff.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Two patients made the following comments; "Everything is five star. The staff always have a nice smile." and "It's very good here. I am very happy."

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were respectful, kind, supportive and polite.

Patients' 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 were also observed to seek patients' consent with statements such as; "Can I ... "or "Are you ... " when delivering care.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. 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.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

Training was in place with patients on specialist diets and guidance and information on this was readily available. Discussions with staff also confirmed knowledge and understanding of those patients who required specialist diets. 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.

An area of improvement was identified in respect of moving and handling practices, in that a number of patients were transferred in wheelchairs without any footrests in situ. This risk was raised with the Nursing Sister at the time who gave assurance that these footrests would be put in situ and put in practice without delay.

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' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient' 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.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was although dated in appearance in some areas, clean, tidy and fresh smelling. Patients' bedrooms were personalised with items important to the patient and had been recently redecorated and furnished. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were well maintained with up-to-date fire safety checks of the environment and fire safety drills. The home's most recent fire safety risk assessment was dated 19 July 2022. There were no recommendations made as a result of this assessment.

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 observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options, and where and how they wished to spend their time. The genre of music and television channels played was appropriate to patients' age group and tastes.

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff. One patient said; "It really is a lovely home. I am very comfortable here."

The grounds of the home were well maintained with good accessibility for patients to avail of

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 said that the Manager was very supportive and they would have no hesitation in reporting any concerns and felt these would be addressed appropriately. One staff member said; "Joy (the Manager) is a very fair Manager and doesn't miss a thing."

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records, wound care and falls.

The home's policy and procedure on safeguarding was dated May 2021 and was in keeping with up-to-date guidance. The Manager and the Nursing Sister were the appointed safeguarding champions for the home. Discussions with staff also confirmed knowledge and understanding of the safeguarding and whistleblowing policies.

It was established that there was 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.

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

The home was visited each month by the Responsible Individual 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

One area of improvement has been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Ms Ciara MacHugh, Nursing Sister, 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 14(3) Stated: First time To be completed by: 14 September 2022	<p>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.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All staff up dated on safe moving and handling with regards to footrests on wheelchairs. The maintenance person completed an audit of all the wheelchairs and foot rests where placed on the one identified to have none. wheelchair audits are now completed weekly</p>

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