

Inspection Report

22 April 2024



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	Registered Manager: Mrs Joy McLaughlin
Responsible Individual (s): Mr Paul Steele Mr Michael Curran	Date registered: 13 December 2007
Person in charge at the time of inspection: Mrs Joy McLaughlin	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: 24
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. Accommodation is over two floors.	

2.0 Inspection summary

This unannounced inspection took place on 22 April 2024, from 9.25am to 2.40pm, the inspection was conducted by a care inspector.

The inspection assessed progress with the two 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 praised the care in the home and the kindness and support received from staff.

Staff spoke positively on their views on the provision of care, staffing, training, teamwork and managerial support.

The atmosphere in the home was relaxed and homely.

Three areas requiring improvement were identified during this inspection. These were in relation to staff recruitment, an aspect of care practice and reporting of incidents to RQIA.

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

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 very happy with the care in the home, that staff were kind and attentive and that they enjoyed the meals. Two patients said; "They (the staff) are very good here in every way. All lovely and kind" and "It really is a great place. The staff are what makes it."

Staff spoke positively about their roles and duties, the provision of care, staffing levels, teamwork, training and managerial support.

No questionnaires were returned in time for inclusion to this report.

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 5 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall make good the paintwork / surface of doors throughout the home.	Partially met
	Action taken as confirmed during the inspection: A large number of these doors had been made good but there remained a number where the surfaces were scratched and flaking of paint. The Manager reported that this work is scheduled to take place in the near future.	
Area for Improvement 2 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall risk assess in accordance with current safety guidelines with subsequent appropriate action; <ul style="list-style-type: none"> • All free standing wardrobes • All radiators and hot surfaces. 	Met
	Action taken as confirmed during the inspection: These areas were risk assessed with subsequent appropriate action.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of two staff members' recruitment records confirmed there was largely a robust system in place to ensure staff were recruited correctly to protect patients. One recruitment record did not contain a satisfactory employment history or exploration of gaps in employment. An area of improvement was made in this regard.

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 responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. These assessments are reviewed annually by the Manager.

Staff registrations with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

A scheduled of staff supervision and appraisal was in place.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

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.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on their training and how it was provided.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering. An area of improvement was made in respect of ensuring personal care to patients is offered with privacy, which was observed not to be correctly in place but rectified at the time promptly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to patients' needs.

One patient said; "I can't think of any complaints. The staff are lovely and I am happy here."

Care records were maintained which reflected the needs of the patients.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food was attractively presented and portions were generous. There was a variety of drinks available. During the dining experience (both breakfast and dinner time meal), staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

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, alarm mats and bed rails. It was established that safe systems were in place to manage this aspect of care.

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

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same. The outcomes of visits from any healthcare professional were also recorded.

Care records were held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The laundry department was tidy and well organised.

Cleaning chemicals were stored safely and securely.

The grounds of the home were suitably maintained.

The Manager undertakes audits of the environment and details what areas need redecorating and updating and then records when these have been actioned.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's fire safety risk assessment dated 22 August 2023 had no recommendations made as a result of it.

Fire safety exits were free from obstruction.

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

Patients said that they were happy with their life in the home, and the care and that staff were kind and attentive. One patient said; "It really is an excellent home. I couldn't have any faults with it."

Observations of care practices confirmed that patients were able to choose how they spent their day. The genre of music and television channels played were in keeping with patients' age group and tastes.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

The records of patient activities were well maintained.

Patients were dressed well and their aids and appliances were clean.

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

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. The safeguarding policy was up-to-date and in accordance with legislation. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

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 the patient's next of kin and their aligned named worker. An area of improvement was made in respect of incidents whereby RQIA should have been notified and were not.

Expressions of dissatisfaction were well recorded and had evidence that such expressions were taken serious and managed appropriately.

There was a system of audits and quality assurance in place. These audits included; care records, infection prevention and control and wound care audits.

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, with action plans in place for any issues identified. These reports 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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joy McLaughlin, Registered 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	
Area for improvement 1 Ref: Regulation 21 Schedule 2 (4) and (6) Stated: First time To be completed by: 22 April 2024	The registered person must ensure staff recruitment is robust. Reference to this is made in respect of ensuring an adequate employment history and an exploration and explanation of any gaps in the employment history. Ref: 5.2.1 Response by registered person detailing the actions taken: The area identified was highlighted with personnell staff and the registered provider so that all documents with regards to recruitment are retained in the nursing home
Area for improvement 2 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 22 April 2024	The registered person must ensure that RQIA are notified of any incidents or events that have an impact on patients, such as episodes of heightened distressed behaviours. Ref: 5.2.5 Response by registered person detailing the actions taken: Going forward the Nurse Manager will inform RQIA of all events or incidents

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 6 (1)</p> <p>Stated: First time</p> <p>To be completed by: 22 April 2024</p>	<p>The registered person shall ensure that patients' privacy needs are respected at all times.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All nursing and care staff have been up dated in privacy and dignity when attending to residents needs</p>

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