



Unannounced Care Inspection Report 27 September 2018



Deanfield

Type of Service: Nursing Home (NH)
**Address: 19 Deanfield, Limavady Road,
Londonderry, BT47 6HY**
Tel No: 028 7134 4888 / 028 7134 1754
Inspector: Kieran McCormick

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

This is a registered nursing home which is registered to provide nursing care for up to 28 persons.

3.0 Service details

Organisation/Registered Provider: Loughview Homes Ltd Responsible Individual(s): Mr Paul Steele & Mr Michael Curran	Registered Manager: Joy McLaughlin
Person in charge at the time of inspection: Joy McLaughlin – Registered manager	Date manager registered: 13 December 2007
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 28

4.0 Inspection summary

An unannounced inspection took place on 27 September 2018 from 11.50 to 16.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to the holistic culture and ethos of care delivery, communication between staff and patients, staff awareness relating to adult safeguarding, teamwork, completion and review of care records and governance arrangements.

Whilst all staff were appropriately vetted at the time of inspection, areas requiring improvement were identified and include the completion of pre-employment checks including an Access NI prior to the commencement of any staff. A number of environmental and infection prevention and control (IPC) concerns were also identified.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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
Total number of areas for improvement	2	0

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

Whilst all staff at the time of the inspection were appropriately vetted, improvements were required in the management of recruitment and selection within the home. As a consequence, a serious concerns meeting, to discuss the recruitment and selection practices in the home was held with the registered persons in RQIA post inspection. At this meeting a detailed action plan was presented and RQIA were assured that the recruitment and selection procedures had been appropriately updated to minimise risks to patients. This action will be further validated at the next inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent inspection dated 12 June 2018

The most recent inspection of the home was an unannounced medicine management inspection undertaken on 12 June 2018.

Enforcement action in the form of a serious concerns meeting resulted from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with five patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- two patient supplementary care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 12 June 2018

The most recent inspection of the home was an unannounced medicine management inspection.

The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next pharmacy inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1)(c)(i) Stated: First time	The registered person shall ensure that a system is put in place to ensure compliance with mandatory training requirements. This relates particularly to, but is not limited to, the completion of training on adult safeguarding and participation in fire drills.	Met
	Action taken as confirmed during the inspection: A review of training records provided assurances that a robust governance system was in place for the management and oversight of all mandatory training.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered persons shall ensure that registered nurses review patients' bowel records on a daily basis and record any actions taken in the patients' daily progress notes. Entries should also be made when there have been no bowel movements, to ensure the accuracy of the records.	Met
	Action taken as confirmed during the inspection: A review of care records and systems provided assurances that systems were in place to enable registered nurses to review and monitor patients bowel care needs.	
Area for improvement 2 Ref: Standard 22.4 Stated: Second time	The registered persons should ensure that risk assessments are completed following patients' falls	Met

	<p>Action taken as confirmed during the inspection: Care records reviewed evidenced that risk assessments were completed as part of the post falls management process.</p>	
<p>Area for improvement 3 Ref: Standard 4 Stated: First time</p>	<p>The registered persons shall ensure that the system for recording patients' showers; and the changing of urinary catheter bags, is further developed, to ensure that the records accurately reflect the care given.</p>	Met
	<p>Action taken as confirmed during the inspection: Records reviewed provided evidence of a system in place for the recording of patients' showers and change of urinary catheter bags.</p>	
<p>Area for improvement 4 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that comprehensive care plans are developed to ensure that the care record is reflective of the patients' care needs.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of a sample of patient care plans evidenced that records were reflective of individual patients' care needs.</p>	
<p>Area for improvement 5 Ref: Standard 35.18 Stated: First time</p>	<p>The registered persons shall ensure that the system for managing alerts for staff that had sanctions imposed on their employment by professional bodies is appropriately maintained.</p>	Met
	<p>Action taken as confirmed during the inspection: Records reviewed evidenced that the registered manager had a system established for the management of alerts for staff that had sanctions imposed on their employment by professional bodies.</p>	
<p>Area for improvement 6 Ref: Standard 36.4 Stated: First time</p>	<p>The registered persons shall ensure that ensure that a system is put in place to ensure that the policies and procedures are reviewed on a three-yearly basis.</p> <p>The policy of adult safeguarding must be updated as a priority and submitted to RQIA with the returned QIP.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The policy for adult safeguarding had most recently been reviewed by the registered manager in January 2018. The inspector also reviewed evidence of a systematic process in place for the review of all policies and procedures used in the home.</p>	
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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.

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing rota from 16 to 29 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. 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. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Deanfield.

Whilst the inspector was assured that all staff at the time of the inspection were appropriately vetted, a review of two staff recruitment files evidenced that one staff member had commenced employment prior to the receipt of an Access NI check. In the other file reviewed it was noted that the Access NI was received on the same date the person commenced their post, appropriate references had not been sought, no employment history was recorded and the reasons for leaving previous employment had not been explored. In both files, employment gaps had not been explored. Improvements in the management of the recruitment and selection processes were required and an area for improvement under the regulations regarding the completion of pre-employment checks was made.

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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC) and care staff registration with Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of three patients’ care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. A number of environmental and infection prevention and control (IPC) issues were identified, this included dust/cobwebs and debris observed in identified areas, poor standard of cleaning of raised toilet seats and shower chairs, wardrobes not fitted to the wall and inappropriate storage of individual patient toiletries and confidential records in communal bathrooms. The information for each issue identified was discussed with the registered manager for their immediate attention and an area for improvement under the regulations was made. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management, induction, training, adult safeguarding, governance and risk management.

Areas for improvement

The following areas were identified for improvement in relation to the completion of pre-employment recruitment checks and specific environmental and IPC concerns.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Review of three patient’s care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Care plans and risk assessments were reviewed monthly

by the named nurse. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as Trust care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

Discussion with staff evidenced that nursing and care staff received 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. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff were able to describe the arrangements for staff/team meetings provided in the home.

There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion and review of care records, liaising with other members of the multi-professional team, teamwork and communication between patients and staff.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	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 inspector arrived in the home at 11.50 hours and was greeted by staff who were helpful and attentive. Patients were being assisted to prepare for the lunchtime meal in the dining room, in one of the lounges or in their bedroom, as was their personal preference. 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. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient and ten relative questionnaires were issued at the time of inspection, there were no questionnaires returned from patients.

Two returned relative questionnaires stated being very satisfied across the domains of safe, compassionate, effective and well led care. Comments from relatives included:

“excellent care”

“my mum is in this home, the care she gets is excellent, staff are friendly and a very homely atmosphere”.

Cards and letters of compliment and thanks were displayed in the home.

The inspector met with eight staff. A poster inviting staff to complete an online survey was provided. At the time of writing this report no responses were received.

Any comments received from patients, relatives and staff were shared with the registered manager for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Observation of the lunch time experience and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Food was observed to be covered when being transferred from the heated trolley to patients who were not in the dining room. The tables were appropriately set with cutlery and condiments. Staff were not observed wearing appropriate personal protective equipment (PPE) during the mealtime experience, this was discussed with the registered manager who agreed to immediately address.

Information was displayed that evidenced activities available to patients in the home.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the mealtime experience, the culture and ethos of the home, dignity and privacy and listening to and valuing patients.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The certificate of registration issued by RQIA was appropriately displayed in the home. The registered manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there have been no changes with the management arrangements for the home. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered 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 registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and a review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and IPC practices, ideas around developing existing IPC auditing arrangements was discussed with the registered manager.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	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 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 Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 – (4)(b)(i) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that all pre-employment checks including an Access NI are robustly completed for all new employees prior to the commencement of employment.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Personnel staff and management has been updated in all guidelines. Policy/procedures have been updated. New employment checklist in place to cover robustly all pre employment forms. Nurse Manager to have training update ASAP</p>
Area for improvement 2 Ref: Regulation 27 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All issues addressed during the inspection where dealt with on the day or within 48 hrs. New documentation for checking weekly/monthly has been put in place.</p>

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



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