

Inspection Report

1 July 2021



Loughview

Type of service: Nursing Home
Address: 68 Fortwilliam Park, Belfast, BT15 4AS
Telephone number: 028 9077 1930

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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 Limited	Registered Manager: Ms Margaret Lakehal
Responsible Individual: Mr Michael Curran	Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Hellen Phiri, Nurse in Charge	Number of registered places: 31
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	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 31 patients. Patients' bedrooms are located over two floors. On the ground floor of the home patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 1 July 2021 from 9.20 am to 5.50 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We observed that patients were well cared for in the home and that staff provided care in a helpful and compassionate manner.

Patients spoke positively about living in Loughview. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified regarding mandatory training in Deprivation of Liberty Safeguards for staff, care records relating to repositioning, falls, weights and wound care and evaluation of care records. Additional areas were identified regarding environmental issues and the content of audits and the monthly monitoring report.

RQIA were assured that the delivery of care and service provided in Loughview was safe and compassionate. Addressing the areas for improvement identified will further enhance the quality of care and services provided in the home and will ensure that the care provided is effective and that the home is 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 the Nurse in Charge at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 18 patients, both individually and in small groups, two patients' relatives, nine staff and one visiting professional.

Patients said that there were enough staff in the home to help them and that they felt well looked after by the staff who were kind and helpful. All of the patients said that they enjoyed the food on offer in the home. The majority of patients said that there were sufficient activities on offer to keep them occupied during the day.

Patients' relatives said that staff were helpful and that there seemed to be enough of them. They also said that communication was great and that they had received information about the current visiting and Care Partner arrangements.

Staff said that they liked working in the home; one member of staff said they had worked in Loughview for 27 years and "still enjoyed it very much".

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 8 October 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that robust systems are implemented to ensure that medicines are not administered after their expiry date.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 28 Stated: First time	The registered person shall ensure that robust arrangements are in place to audit all aspects of the management of medicines.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the necessary repairs to flooring in an identified bathroom and to the shower drain surround and tiling in a second identified bathroom are completed in order to ensure that effective cleaning can be carried out.</p> <p>Action taken as confirmed during the inspection: Review of the identified bathrooms evidenced that repairs had not been completed to a satisfactory standard. This area for improvement had not been met and, based on the inspection findings, has been subsumed into an area for improvement under the regulations.</p>	<p>Not met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person shall ensure that in the event of a fall patients' falls risk assessments and relevant care plans are reviewed and updated.</p> <p>Action taken as confirmed during the inspection: Review of a sample of care records evidenced that in the event of a fall relevant risk assessments and care plans had not been reviewed and updated. This area for improvement has not been met and has been stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an up to date supervision schedule is in place and that this includes completion dates and the name of the supervisor.</p> <p>Action taken as confirmed during the inspection: Review of records requested following the inspection confirmed that an up to date supervision schedule is in place.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment files for the most recent employees were unavailable to review as the manager was not present during the inspection. Record keeping in relation to recruitment will be reviewed at the next care inspection. There was a system in place to monitor the registration status of nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with a range of mandatory training to enable them to carry out their roles effectively. Review of training records evidenced that mandatory training was provided in an online format but also face to face when required, for example, in fire safety awareness. An online training matrix and record of staffs' compliance was maintained. The nurse in charge said that staff were reminded when training was due.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The nurse in charge said that agency staff were rarely required as the home's own staff were generally very helpful in covering vacant shifts. The duty rota identified the person in charge when the manager was not on duty. The nurse in charge said that the number of staff on duty was reviewed on a weekly basis to ensure the needs of the patients were met.

Staff said that they were satisfied with staffing levels and that, whilst short notice sick leave could be an issue at times, they did help out to cover this if possible. The majority of staff said that teamwork was great and that they all helped each other out. All the staff said that they felt well supported in their role and that the manager was approachable.

Staff told us that the patients' needs and wishes were very important to them. It was observed that there were enough staff in the home to respond to patients' requests for assistance promptly. Staff were seen to treat patients in a caring and compassionate manner.

Patients said that there were enough staff in the home to help them. Patients' relatives said that there were enough staff and that they were "very good".

5.2.2 Care Delivery and Record Keeping

Staff said that they received a handover at the start of each shift to ensure that they were aware of any changes in the needs of the patients. In addition, patient care records were maintained which reflected the needs of the patients. Staff were knowledgeable of individual patients' needs and preferences. It was observed that staff offered personal care to patients discreetly and at appropriate times.

Review of patients' records and discussion with staff confirmed that the correct procedures were followed if restrictive practices and equipment, for example, alarm mats or bed rails, was required. The nurse in charge said that she had attended relevant training regarding restrictive practices and best interest decision making and demonstrated her knowledge in this area. However, care staffs' knowledge in the area of restrictive practices and Deprivation of Liberty

Safeguards (DoLS) was found to be generally poor. Review of training records and discussion with the manager following the inspection identified that not all staff had completed mandatory training in DoLS. An area for improvement was identified.

Patients who are less able to mobilise require special attention to their skin care. Those patients who required assistance to change their position had this clearly recorded in their care records. However, review of a sample of repositioning charts identified that these were not accurately completed; the position of the patient was not correctly recorded nor was the frequency of repositioning always indicated. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats, bed rails and crash mats were in use if required. Examination of records and discussion with staff confirmed that in the event of a fall the home's post fall protocol was implemented and medical assistance was sought if required. However, review of care records evidenced that the relevant risk assessments and care plans were not consistently updated in the event of a fall. This area for improvement will be stated for the second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to provide patients with an appropriate range of support with meals which included simple encouragement through to full assistance. The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. 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 on offer and it was observed that the food was attractively presented and smelled appetising. There was a variety of drinks available and staff offered patients a choice of hot and cold drinks during and after the meal. Meals were a pleasant and unhurried experience for the patients. Patients said that the food was very good and that staff were mindful of factors such as smaller appetites when they served the meals.

Care records contained recommendations from the Dietician and the Speech and Language Therapist (SALT). Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of diet. Records were kept of what patients had to eat and drink daily. Staff said that patients' weights were checked at least monthly to monitor weight loss or gain. Review of a sample of care records evidenced gaps in recording of patients' weights. This was brought to the attention of staff for action to be taken as patients' weights should be consistently monitored and recorded in order that significant changes are identified. This is to ensure that timely action can be taken to refer patients to the Multidisciplinary Team when required. An area for improvement was identified.

Review of a sample of care records for patients who had a wound evidenced that, if required, nursing staff consulted with the Podiatrist or Tissue Viability Specialist Nurse (TVN). There was evidence that dressings were changed as per the recommended frequency. However, a wound care plan had not been updated to reflect a recommended change in the wound dressing to be used and another wound care plan had not been discontinued even though the wound was healed. An area for improvement was identified.

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. 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. However, review of a sample of patients' care records evidenced that regular monthly evaluation was not recorded. An area for improvement was identified.

An informative daily record was kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Care records reviewed did include specific information on each patient's care needs and what or who was important to them, for example, food likes and dislikes, preferred time to go to bed and anxiety experienced on mobilising.

Patients said that they felt well looked after in the home. It was observed that staff provided patients with the right care at the right time. Patients were well dressed and it was apparent that attention had been paid to hair, nail and oral care as part of their personal care routine.

A nurse from the Acute Care at Home Team who was in the home to see a patient said that they had no concerns about the care provided. The nurse also said that staff were very good at implementing any recommendations made by the team who were in the home regularly.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included review of a sample of bedrooms, communal lounges, dining rooms, bathrooms and the treatment room. The home was clean and patients' bedrooms and communal areas were tidy and attractively decorated. Patients' bedrooms were seen to be personalised with items that were important to them such as ornaments, pictures and family photographs. Only one of the communal lounges was being used by patients during the inspection; this lounge was light, bright and well decorated. The dining room was clean and tidy and a pleasant area for patients to sit and take their meals. Corridors and fire exits were observed to be clear of clutter and obstruction.

Review of bathrooms evidenced that the required repairs had not been completed to a satisfactory standard; this area for improvement has not been met and will be subsumed into an area for improvement under the regulations as additional deficits were observed in relation to ill-fitting floor coverings in another bathroom. It was also observed that identified shower hoses and pedal bins were in need of replacement and the inside of identified cupboards required more effective cleaning. The treatment room was seen to be cluttered and untidy, boxes were inappropriately stored on the floor. The lounge beside the dining room was clean and well decorated but it was observed that boxes of equipment were inappropriately stored in a corner of the room on the floor. It was also observed that packing materials had not been properly removed from identified equipment in use. Continence products and toiletries were seen to be stored inappropriately. An identified mattress needed to be replaced and the floor of the lift required more effective cleaning. Redecoration was required in identified areas. These issues were brought to the attention of the nurse in charge. An area for improvement was identified under the regulations.

Following the inspection the manager confirmed that action had been taken to ensure that equipment, continence products and toiletries were appropriately stored and unpackaged, the mattress had been replaced and the lift floor had been thoroughly cleaned. The manager also confirmed that a robust environmental audit had been completed and an environmental action plan had been drawn up to ensure that the deficits identified were resolved within an agreed timescale.

The nurse in charge said that there was a system in place to report maintenance issues for repair and that cleaning schedules were in place. Review of records evidenced that cleaning schedules were maintained, frequent touch point areas were regularly cleaned and that the maintenance man was on duty two days per week. The domestic staff said that they had sufficient time and resources to enable them to carry out their duties effectively. The need for greater attention to detail regarding cleaning areas such as the inside of cupboards and the lift floor was brought to the attention of staff in order to ensure that effective IPC measures were maintained in all areas of the home. No concerns were raised about the environment by patients, their relatives or staff.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and Care Partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training in the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times. Staffs' hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, when to get up, whereabouts they wanted to sit and have their meals, food and drink options, what music to listen to in the dining room and which channel to watch on the TV in the lounge.

The majority of patients chose to sit in one of the communal lounges. Staff were seen to be in attendance and to respond to any requests for assistance in a prompt and pleasant manner. Staff took time to chat to the patients in a friendly and respectful way; they offered patients drinks and snacks on a regular basis and ensured they were comfortable. Patients said that they felt listened to by the staff who were kind and helpful. There was evidence that patients' views in relation to the home were sought in the monthly monitoring report completed by the registered provider.

Patients who chose to spend time in their rooms were seen to have call bells within reach and staff responded to these promptly. One patient told us that they liked to stay in their room and watch the tennis on the TV.

The nurse in charge said that the activity therapist post was currently vacant and recruitment was ongoing. In order to ensure that patients were offered suitable activities until the post was filled a member of staff was allocated to offer activities three afternoons per week. There was a range of activities provided for patients by staff and a record of activities offered and patient

engagement was recorded. Recent activities included planting sunflowers, spending time in the garden listening to music, bingo, pampering sessions and arts and crafts classes. The majority of patients said that they were satisfied with the activities on offer. One patient said they would like an opportunity to do some sketching and song writing as these were hobbies they had enjoyed in the past. This information was brought to the attention of the Nurse in Charge, with the permission of the patient, in order that consideration could be given to this when planning future activities.

Staff recognised the importance of maintaining good communication with families especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients' relatives said that they had been provided with information regarding the current Care Partner initiative and visiting arrangements and also commented positively about communication regarding their loved one.

The atmosphere throughout the home was relaxed and friendly; staff were seen to treat patients with kindness and respect at all times.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Margaret Lakehal has been the Registered Manager of the home since 1 April 2005. There was a clear organisational structure in place. Staff were aware of who the person in charge of the home was in the absence of the manager. Staff also demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staffs' practices.

As previously mentioned the manager was not present during the inspection and the nurse in charge did not have ready access to the most recent audits that had been completed to monitor the quality of care and other services provided to patients. Following the inspection RQIA were provided with a sample of audits as requested for review; there was evidence of auditing across various aspects of care and services provided by the home. However, environmental audits and care record audits completed prior to the inspection did not identify the deficits in these areas observed during the inspection. Audits completed should be an accurate reflection of the area examined, robust in identifying deficits in order to drive improvement and available for review. An area for improvement was made.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients' relatives said that they knew how to report any concerns and that they were confident that the manager would deal with these appropriately. Review of the home's record of complaints and discussion with the nurse in charge confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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 registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These are available for review by patients, their representatives, the Trust and RQIA. However, it was observed that the environmental deficits identified in the home during the inspection had not been identified in the reports reviewed. These reports should include a review of the premises in order that any issues concerning the environment are promptly addressed. An area for improvement was identified.

6.0 Conclusion

Patients looked well cared for and comfortable in their surroundings and in their interactions with staff. Staff were seen to be courteous, kind and attentive to patients and to offer them the appropriate care at the right time.

Patients and their relatives spoke positively about the care provided. Staff did not express and concerns about the service.

Based on the inspection findings three new areas for improvement were identified under the regulations and five new areas for improvement were identified under the standards. RQIA were assured that the delivery of care and service provided in Loughview was safe and compassionate. Addressing the areas for improvement identified will further enhance the quality of care and services provided in the home and will ensure that the care provided is effective and that the home is well led.

7.0 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 (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	4*	7*

* The total number of areas for improvement includes one under the regulations and one under the standards which have been carried forward for review at the next inspection and one under the standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Hellen Phiri, Nurse in Charge, 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 13 (4) Stated: First time To be completed by: 15 June 2019	The registered person shall ensure that robust systems are implemented to ensure that medicines are not administered after their expiry date. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 1 August 2021	The registered person shall ensure that patients' care records are kept under regular review and that staff record any changes in the patients' needs or the care required. Ref: 5.2.2 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 27 (2) (b) (d) (l) Stated: First time To be completed by: 1 November 2021	The registered person shall ensure that all parts of the home are clean, tidy, well maintained and kept in a good state of repair. Equipment and supplies should be appropriately stored. This includes ensuring that the necessary repairs to flooring or replacement of flooring is completed in identified bathrooms. Ref: 5.2.3 Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Regulation 29 Stated: First time To be completed by: 1 August 2021	The registered person shall ensure that the monthly monitoring report includes a review of the premises, in order to identify environmental deficits and drive improvement through action plans which are developed to ensure the required actions are addressed by an identified person within an agreed timescale. Ref: 5.2.5 Response by registered person detailing the actions taken:

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for Improvement 1 Ref: Standard 28 Stated: First time To be completed by: 15 June 2019	The registered person shall ensure that robust arrangements are in place to audit all aspects of the management of medicines. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 22 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that in the event of a fall patients' falls risk assessments and relevant care plans are reviewed and updated. Ref: 5.1 & 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 39 Stated: First time To be completed by: 1 September 2021	The registered person shall ensure that all staff in the home complete mandatory training in Deprivation of Liberty Safeguards. Ref: 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that, in accordance with NMC guidelines, contemporaneous and accurate records are maintained of all procedures carried out in relation to patient care with specific reference to repositioning records. Ref: 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 5 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patients' weights are consistently monitored and recorded in order that significant changes are identified. This is to ensure that timely action can be taken to refer patients' to the Multidisciplinary Team when required. Ref: 5.2.2
	Response by registered person detailing the actions taken:

Area for improvement 6 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that, in accordance with NMC guidelines, contemporaneous and accurate records are maintained of all procedures carried out in relation to patient care with specific reference to wound care records. Ref: 5.2.2 Response by registered person detailing the actions taken:
Area for improvement 7 Ref: Standard 35 Stated: First time To be completed by: 1 August 2021	The registered person shall ensure that audits completed to monitor the quality of care and other services provided to patients include an accurate reflection of the area examined, are robust in identifying deficits, contain an action plan in order to drive improvement and are available for review. Ref: 5.2.5 Response by registered person detailing the actions taken:

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The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
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