

Inspection Report

29 November 2022 and 6 December 2022



Loughview Fold

Type of Service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Radius Housing Association Registered Person/s OR Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Mrs Helen Craig Date registered: 23 June 2016
Person in charge at the time of inspection: Mrs Helen Craig	Number of registered places: 28 Maximum of 23 persons in RC-DE category of care.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 23
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 28 residents. The home is divided over three floors.	

2.0 Inspection summary

An unannounced inspection took place on 6 December 2022, from 9.35am to 5.00pm, by a care inspector. An unannounced medicines management inspection took place on 29 November 2022, from 9.40am to 12.55pm; this was completed by a pharmacist 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.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff spoke positively about working in the home.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

Areas requiring improvement were identified in relation to the care inspection. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Loughview Fold was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Loughview Fold.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, 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 provided to give residents 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 Helen Craig, manager, at the conclusion of the inspection.

4.0 What people told us about the service

Thirteen residents, three relatives and five staff were spoken with.

Residents commented positively regarding the home. One resident said “I love the girls, they are very attentive, and the manager is very helpful. I have no complaints.” Another resident told us, “There is plenty of food, and the girls are very good”.

Five staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided. No comments were received from staff via the on-line staff survey.

One relatives spoke of how, “The care is excellent, staff are attentive and communication with the home is good.”

No comments were received from residents or relatives from the questionnaires provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 19 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: Second time	The registered person shall ensure that all parts of the home that residents have access to are free from hazards to their safety and that all unnecessary risks have been removed as far as reasonably practicable.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure the menu is displayed in a suitable format so residents know what is available.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	

Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that reference is made to Deprivation Of Liberty Safeguards in the residents care plan, and the day to day impact of this in practice.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Area for improvement 3 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the carpet in the ground floor lounge is thoroughly cleaned or replaced.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Area for improvement 4 Ref: Standard 13.4 Stated: First time	The registered person shall ensure the programme of activities is displayed in a suitable format so residents know what is scheduled.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately 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.

Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was no second choice offered on the menu boards for the teatime meal for residents. This was discussed with the manager and an area for improvement was identified.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

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

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

There was no smoking risk assessment in place in a care plan that was reviewed. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any resident whose placement was not arranged through a Health and Social Care Trust.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

On the ground floor, there were items stored under the stairwell. This was brought to the manager's attention who arranged for the area to be cleared. This was identified as an area for improvement.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

The domestic stores on the ground and middle floors were found to have items stored on the floors, which can prevent effective cleaning. An area for improvement was identified.

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.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) 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 Residents

There was a homely atmosphere in the home during the inspection.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as games, arts and crafts and quizzes. There was a planned programme of Christmas activities.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Helen Craig has been the manager in this home since 23 June 2016.

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.

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. A senior manager in the organisation 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.

Residents said that they knew how to report any concerns and said they were confident that the manager would address these. Review of the home's record of complaints 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. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider consult with residents, 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 residents, their representatives, the Trust and RQIA.

5.2.6 Medicines Management

The audits completed at the inspection indicated that the residents had received their medicines as prescribed.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. The residents' personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. A sample of these records was reviewed. The records were found to have been completed to the required standard.

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. The records inspected showed that medicines were available for administration when residents required them.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another. The management of medicines for two residents who had been admitted to this home was reviewed. Staff had been provided with a list of prescribed medicines from the GP practices. The residents' personal medication records had been accurately written.

Medicines must be stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error. The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located.

Records were maintained of the disposal of medicines.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and

outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident. The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for three residents. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were in place. Records included the reason for and outcome of administration.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. The records belonging to two residents who were prescribed medicines for the management of pain were reviewed. Care plans directing the use of the medicines were available.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. The audit system in place in this home helps staff to identify medicine related incidents.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Helen Craig, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that all stairwells in the home are free from obstruction. Ref: 5.2.3
	Response by registered person detailing the actions taken: These items have been removed.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: From the date of inspection.	The registered person shall ensure the menu boards in the home offers residents a choice of meal at each mealtime. Ref: 5.2.2
	Response by registered person detailing the actions taken: Choice is available to residents at each mealtime, these have been added to the daily menu boards.
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: From the date of inspection.	The registered person shall ensure the domestic stores on the ground and first floors have any items stored on the floors removed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Items will be stored on shelving as far as is reasonably possible.
Area for improvement 3 Ref: Standard 28.5 Stated: First time To be completed by: From the date of inspection.	The registered person shall ensure that a risk assessment is completed in relation to residents that smoke . Ref: 5.2.3
	Response by registered person detailing the actions taken: This was completed during the Inspector's visit.

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



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