

Inspection Report

19 November 2021



Loughview Fold

Type of Service: Residential Care Home
Address: 159a High Street, Holywood, BT18 9HU
Tel No: 028 9042 5117

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 Manager: Mrs Helen Craig
Responsible Individual Mrs Fiona McAnespie	Date registered: 23 June 2016
Person in charge at the time of inspection: Mrs Pamela Craig, Senior Care Worker	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: 17
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 19 November 2021 from 9.50 am to 4.30 pm by a care inspector.

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

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

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.

The home was clean and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner. Residents said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Loughview Court 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 Court.

The findings of this report will provide the Registered Persons with the necessary information to improve staff practice and the residents' experience.

Four new areas for improvement were identified with one area for improvement was stated for a second time. Please refer to the Quality Improvement Plan (QIP) for details.

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 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 and 'Tell Us' cards were 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.

4.0 What people told us about the service

Seven residents, two relatives and five staff were spoken with.

Residents commented positively regarding the home. One resident said "I am very happy living here. Another resident told us, "I love the staff, I am well looked after", and a third resident spoke of how "staff are kind and attentive, I get offered choice."

Three resident questionnaires were received. These indicated that the residents felt the staff were kind, that they felt safe, that the care was good and that the home was well organised.

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.

Relatives told us that the care was good, and that staff were attentive. Relatives also commented that the communication between the home and themselves was good.

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 27 August 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.	Met
	Action taken as confirmed during the inspection: Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2)(a)(c) Stated: First 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.	Not met
	Action taken as confirmed during the inspection: Review of the environment found an unlocked domestic store on the first floor which contained cleaning substances. This area for improvement is stated for a second time.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: Second time	The registered person shall ensure that suitable pre-admission needs assessments of residents are in place which fully reflects the recording of holistic individual needs of residents. The use of supported living/housing with care title should be removed from forms.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met/partially met.	
Area for improvement 2 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that working practices are systemically audited to ensure that they are consistent with the home's documented policies and procedures and action is taken. This includes residents' care records, restrictive practices and nutrition.	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.

Staff said there was good team work and that they felt well supported in their role and 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.

Observation of the delivery of care and discussion with staff evidence that there was enough staff on duty to meet the needs of the residents.

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. This included responding to those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents.

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.

Residents who are less able to mobilise require special attention to their skin care. Review of care records evidenced that skin care was delivered as required. The care plan of one resident did not reflect the use of pressure relieving equipment. This was discussed with the person in charge who agreed to change the care plan.

A weekly menu board was on display but in a format that was not easily read by residents. This was identified as an area for improvement.

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

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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 who are subject to a Deprivation of Liberty Safeguard, should have reference to this in their care plan. Review of care plans evidenced that, some care plans did not include this specific care need. This was discussed with the Manager and identified as an area for improvement.

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

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.

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.

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 carpet in the downstairs lounge was found to be badly stained and required to be thoroughly cleaned or replaced. This was discussed with the Manager and identified as an area for improvement.

There was a cleaning store on the first floor which was unlocked and residents could have accessed hazardous substances. When this was brought to the attention of staff the store was locked immediately. Due to the potential risk of harm to residents this area for improvement was stated for a second time.

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 residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

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.

There was a range of activities provided for residents by staff such as arts and crafts, themed parties, music and fundraising activities.

There was no activity board on display to let residents know what activities were planned. This was discussed with the Manager and identified as an area for improvement.

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

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 Registered 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.

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 incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care Manager and to RQIA.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the Manager and described her as supportive and approachable. One staff member spoke of how "the Manager is great, we are very lucky".

The home was visited each month by a representative of the registered provider to 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; action plans for improvement were put in place and were followed up to ensure that the actions were correctly addressed. These reports were available for review by residents, 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)**.

	Regulations	Standards
Total number of Areas for Improvement	*1	4

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Pamela Craig, Senior Residential Worker, 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 14 (2) (a) (c) Stated: Second time To be completed by: Immediately and ongoing	<p>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.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The regulation stated last time was actioned. The issue regarding the domestic store door has been addressed within the team and communicated to Mount Charles the domestic services provider.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure the menu is displayed in a suitable format so residents know what is available.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Menu boards are now in place.</p>

Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: Immediately and ongoing	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. Ref: 5.2.2 Response by registered person detailing the actions taken: All care plans were updated to include DOL's information and this was confirmed to inspector via email on 29/11/21.
Area for improvement 3 Ref: Standard 27.1 Stated: First time To be completed by: 01 January 2022	The registered person shall ensure the carpet in the ground floor lounge is thoroughly cleaned or replaced. Ref: 5.2.3 Response by registered person detailing the actions taken: All carpets within the scheme were cleaned on 10 th Dec 2021.
Area for improvement 4 Ref: Standard 13.4 Stated: First time To be completed by: Immediate and ongoing.	The registered person shall ensure the programme of activities is displayed in a suitable format so residents know what is scheduled. Response by registered person detailing the actions taken: Activities are now displayed on the notice board.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care