The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Deanfield**

Provider: **Loughview Homes Ltd**

Date of Inspection: **20 June 2025**

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:	Loughview Homes Ltd
Responsible Individuals:	Mr Paul Steele Mr Michael Curran
Registered Manager:	Mrs Joy McLaughlin
Service Profile – This home is a registered nursing home which provides nursing care for up to 28 patients. Accommodation is over two floors, with shared lounge areas and dining room on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 20 June 2025, from 9.30am to 2.30. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 22 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and were trained to deliver safe and effective care.

As a result of this inspection all the previous areas for improvement were assessed as having been addressed by the provider. Three new areas for improvement were identified. Full details of the areas for improvement identified can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients said they enjoyed living in the home. Some of the comments shared by patients included; "It is lovely here. They (the staff) are very good. You wouldn't get better than here.", "I love it here. I am well cared for." and "I can see the patients are well cared for. The staff are very good and Joy (the manager) is excellent."

Staff spoke positively about their roles and duties, staffing levels, morale and the provision of training. They also said that the home was well managed.

Feedback from six relatives' questionnaires were all positive and complimentary. Some of the comments included; "The care in Deanfield is excellent. The staff are extremely friendly and helpful. My xxx is happy at the home and it has an atmosphere of one big happy family.", "xxx is newly admitted. Xxx has settled well. The staff made the adjustment easier for us as a family and xxx by giving us information each day at the start and reassurance." and "It gives us peace of mind to know xxx is safe and well looked after. Xxx every whim is taken care of."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. They described the manager as very approachable and readily available for advice.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

An appropriate system to manage the registration of nurses (Nursing & Midwifery Council) and care staff (Northern Ireland Social Care Council) was in place.

Any nurse who is in charge of the home in the absence of the manager has a competency and capability assessment completed for this responsibility.

3.3.2 Quality of Life and Care Delivery

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

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment, such as bedrails that could be considered restrictive. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. An area of improvement was made for all nursing and care staff receive training in the management of falls.

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

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. The choice of dinner time meal was appetising, wholesome and nicely presented. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Patients' preferences and wishes were also respected with choice to reside in their bedroom with their chosen activity such as resting, reading, listening to music or watching television. The genre of music played and television channels was in keeping with patients' age group and tastes. One patient said; "Everything is really good here. It's peaceful yet plenty going on. I am very happy."

3.3.3 Management of Care Records

Patients' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Care staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and fresh smelling throughout, with a programme of redecoration and upkeep in place. Patients' bedrooms were comfortable, personalised and suitably facilitated. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The home's fire safety risk assessment was completed on 8 November 2024. The one recommendation from this assessment had evidence in place to confirm this had been addressed. An area of improvement was made for a time bound action plan detailing the actions taken in response to the recommendations made from the Northern Ireland Fire & Rescue Service visit on 5 June 2025 to be submitted to RQIA. All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

An area of improvement was made to ensure the practice of wedging open fire safety doors is ceased. This was found evident in the service area of the home.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

3.3.5 Quality of Management Systems

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

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

Accidents and incidents were notified, if required, to patients' next of kin, aligned named workers and to RQIA, as appropriate.

The manager reported that there has been no expressions of dissatisfaction or complaint received since the last inspection.

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

The home was visited each month by the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. These reports were informative and included action plans to address any issues identified. The reports are available for review by patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Three areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joy McLaughlin, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (4) (a) **Stated:** First time **To be completed by:** 20 July 2025	The registered person must submit a time bound action plan detailing the actions taken in response to the recommendations made from the Northern Ireland Fire & Rescue Service visit on 5 June 2025. Ref: 3.3.4
	Response by registered person detailing the actions taken: . Fire assessor contacted and plan set in place to complete all areas. . Completion of last remaining action approx 2 weeks . All other completed on 01/07/25
Area for improvement 2 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 20 June 2025	The registered person must ensure the practice of wedging open fire safety doors is ceased. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff spoken to re same. Documentation completed and signed
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 39 (4) **Stated:** First time **To be completed by:** 20 July 2025	The registered person shall ensure all nursing and care staff receive training in the management of falls. Ref:3.2.2
	Response by registered person detailing the actions taken: Training booked for 07/08/25 and 14/07/25

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