

# Inspection Report

15 May 2024



## Loughview

Type of service: Nursing Home  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Loughview Homes Ltd</p> <p><b>Responsible Individuals:</b> Mr Paul Steele Mr Michael Curran</p>	<p><b>Registered Manager:</b> Mrs Margaret Lakehal</p> <p><b>Date registered:</b> 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Nonhle Khoza – Deputy manager</p>	<p><b>Number of registered places:</b> 31</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 25</p>
<p><b>Brief description of the accommodation/how the service operates:</b> Loughview is a registered nursing home which provides nursing care for up to 31 patients. Patients' bedrooms are located over two floors in the home, the communal lounges and dining room are on the ground floor and patients have access to a garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 15 May 2024, from 9.15 am to 5.30 pm by two care inspectors.

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.

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0. However; positively seven out of nine areas for improvement were met.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Loughview care home was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager 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.

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 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 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 Margaret Lakehal, Registered Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they felt safe in the home. Patients said, "I have no worries, I love it here". While the other patients spoken with said they had nothing to complain about.

Staff spoken with said that Loughview was a good place to work and that the management team was very approachable. Discussion with the management team and staff confirmed that there were good working relationships.

There was no response received from the questionnaires or the online staff survey.

## 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 21 November 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (ii)  <b>Stated:</b> Third time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>the NISCC checklist is kept up to date, includes all relevant staff and accurately reflects their registration status</li> <li>staff are supported to register with NISCC within the required timeframe.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time	The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 21 (5) (d)  <b>Stated:</b> First time	The registered person shall ensure that staff nurse registration with the Nursing and Midwifery Council (NMC) audits are completed regularly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients who are at risk of choking or who are assessed as requiring a modified diet have a choking risk assessment completed and kept under regular review.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> <li>• The frequency of dressing change should reflect the assessed need of the wound</li> <li>• The wound care plan accurately details the frequency of dressing changes and the type of dressings required</li> <li>• Wound assessment charts are completed at each dressing change.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all hairdressing products are securely stored when not in use.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Regulation 27 (4) (i) (iv)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified fire door is either repaired or replaced to ensure the integrity of the premises fire compartmentation is maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 4.1 <b>Stated:</b> Second time	The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 23 <b>Stated:</b> Second time	The registered person shall ensure that patients who are assessed as requiring repositioning have a care plan in place and that repositioning records are consistently completed in a contemporaneous and accurate manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 48 <b>Stated:</b> Second time	The registered person shall ensure that a care plan and risk assessment is completed and kept up to date for any patient who wishes to smoke.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Completed audits should be conducted on a regular basis and reflect the current status of the home and evidence completion of associated action plans:</p> <p>This includes, but is not limited to, audits of:</p> <ul style="list-style-type: none"> <li>• The home’s environment</li> <li>• Care records</li> <li>• Wound care</li> <li>• Restrictive practice</li> <li>• Deprivation of Liberty Safeguards.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that an audit system was in place for the above audits. However, review of the care record audits did not provide evidence that the actions from the action plans had always been fully addressed. A new area for improvement was identified specifically for care record audits.</p>		
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard E21</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that wardrobes are fixed to walls for safety.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that wheelchairs are fit for purpose.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

<b>Area for Improvement 7</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that all manual handling equipment is effectively cleaned.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A number of pieces of manual handling equipment was observed in need of a better clean.  This area for improvement has not been met and is stated for a second time.	
<b>Area for Improvement 8</b> <b>Ref:</b> Standard 11 <b>Stated:</b> Second time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>• a programme of activities is developed and that staffing levels are sufficient to ensure that this programme can be delivered on a regular basis in order to effectively meet the needs of the patients</li> <li>• patients are offered the opportunity for consultation through regular meetings; a record of these meeting should be maintained.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 9</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time	The registered person shall ensure that robust arrangements are in place to audit all aspects of the management of medicines.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of two staff recruitment records did not provide evidence that any gaps in employment has been explored and there was limited information held regarding staff right to work documentation. An area of improvement was identified.

Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained oversight of staff compliance with their training requirements.

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.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

A system was in place for staff supervision and appraisals to record staff names and the date that the supervision had taken place.

A visiting health professional spoke positively in regard to working closely with the home and in particular the progress the home has made with wound care with positive outcomes for the patients' involved.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients were well presented in their appearance and told us that they were happy living in the home.

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. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of repositioning records evidenced that patients were repositioned frequently. We discussed how the documentation could be improved by using a 24hr time and consistency in how the care staff recorded the patients position. This will be followed up on the next inspection.

It was observed that a number of airflow mattresses were not set correctly to the patients' current weight. This was discussed with the Manager and an area for improvement was identified.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced that wound care was managed in keeping with best practice guidance.

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.

The serving of the lunchtime meal was observed. Staff ensured that patients were comfortable throughout their meal. The daily menu was displayed showing patients what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us that they enjoyed their meal.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items.

A number of radiators were hot to the touch and posed a potential risk to the patients. An area of improvement was identified for all hot surfaces to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action if required.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

A number of pieces of moving and handling equipment were observed in need of a better clean. An area for improvement was stated for a second time.

A review of the most recent fire risk assessment did not provide evidence that the actions identified by the fire risk assessor had been completed within the required timeframe. This was discussed with the Manager for her attention and to provide RQIA with assurance regarding the completion of the required actions. An area for improvement was identified. Following the inspection, a written update was provided regarding progress with the identified actions.

The external grounds were noted in need of tidying up and weeding; this was discussed with the Manager who agreed to action.

#### **5.2.4 Quality of Life for Patients**

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, emotional and psychological wellbeing. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included the patient engagement with the activity sessions.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Margaret Lakehal is the Registered Manager of the home. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability from both the Manager and Deputy Manager.

Discussion with the Manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. Gaps were identified in the completion of the action plans from the care record audits, the action plans were not consistently reviewed to ensure the identified deficits had been completed. An area for improvement was identified.

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 and Deputy Manager are the safeguarding champions for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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 patients' next of kin, their care manager and to RQIA.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed 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. 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 patients, 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 Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	4*

\*the total number of areas for improvement includes two standards; one which has been stated for a second time, and one which is carried forward for review at the next inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 May 2024	The registered person shall ensure that recruitment files contain all the required information; including evidence that any gaps in employment have been explored and evidence of start and end date of right to work documents.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> All recent recruitment files have been checked and gaps in employment checked and the right to work documents have all been obtained and this will be carried forward.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 May 2024</p>	<p>The registered person shall risk assess all individual hot surfaces in accordance with current safety guidelines and evidence any appropriate actions identified.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Yes all completed and carried forward</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 May 2024</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> <li>The fire risk assessment is effectively maintained by the Manager and evidences any actions taken in regard to the recommended actions required.</li> </ul> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All actions have been documented</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 16 May 2024</p>	<p>The registered person shall ensure that all manual handling equipment is effectively cleaned.</p> <p>Ref: 5.1 and 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Going forward this is now down as a daily task.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 May 2024</p>	<p>The registered person shall ensure that prescribed pressure relieving mattresses are set correctly in accordance with the current patients' weight where appropriate.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This is checked and documented by the night staff</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2024</p>	<p>The registered person shall ensure care record audits evidence review and completion of associated action plans.</p> <p>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has now been added to our monthly audits</p>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect	The registered person shall ensure that robust arrangements are in place to audit all aspects of the management of medicines.  Ref: 5.1
	<b>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.</b>

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



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