

Inspection Report

Name of Service:	Deanfield
Provider:	Loughview Homes Ltd
Date of Inspection:	16 June 2026

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1.0 Service information

Organisation/Registered Provider:	Loughview Homes Ltd
Responsible Individuals:	Mr Michael Curran Mr Paul Steele
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 16 June 2026, from 9.55 am to 3.20 pm 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 20 June 2025; 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 that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new 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 patients, 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 spoken with said that they were happy with the care and services provided to them by the home and that they were content living in Deanfield.

When talking about staff, patients said, "They are very good to me", "They help me", "They are kind", "Lovely", and, "Good and kind people." Patients said that staff were available when they needed assistance. Patients who preferred to stay in their bedrooms said that they used the nurse call system to get staffs' attention and they had no concerns about availability of staff.

Patients confirmed that they get a choice of meals each day and that could choose where they spent their time. Patients said the food was good.

No relatives were available during the inspection and no questionnaires were returned to RQIA. Staff spoken with said that they were very happy working in Deanfield. Staff said that they felt supported in their roles, through training, supervisions, and good communication between staff and management. Staff said that coming to work and being with colleagues and patients was "like family."

Staff said that they understood their roles and responsibilities and that "everyone really cares here", and "I love working with the residents."

Staff said that they were well trained and nurses talked about upcoming RESTORE2 training for the care of the deteriorating patient, and how this will help they provide safe and effective care.

Staff knew how to raise concerns and said that they would go to the manager or nurse in charge without hesitation when it came to patient wellbeing. Staff also told us that they had adequate supplies and equipment to carry out their duties.

No staff surveys were received following the inspection.

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.

There was a system in place for monitoring relevant staffs' professional registration with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). While no issues were identified with current staffs' registration status, the importance of including new staff on the tracker for NISCC monitoring was discussed with the manager, who agreed to ensure new staff were added immediately on commencement of work in the home. This will be reviewed at the next care inspection.

Patients said that there was enough staff on duty to help them. 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.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, one patient said that they preferred to spend most of their time in their bedroom and this was accommodated by staff.

It was observed that staff were caring and compassionate in their interactions with patients and respectful towards each other.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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 patients' needs. For example, staff were discreet when offering support with personal care needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering. Staff were also observed offering patient 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 that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

The management of falls was reviewed. Records evidenced that all relevant staff had received falls training since the last care inspection, and a previously identified area for improvement was met.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, specialist equipment such as bedrails or alarm mats were used where required.

Examination of care records and discussion with staff evidenced inconsistency in relation to post falls management. For example, following one patient's fall it was unclear what clinical observations had been completed. For another patient it was unclear how long clinical observations were continued post fall. Discussion with the manager evidenced that, while there was information available in the home in relation to the regional post falls guidelines for care homes, this had not been fully implemented into practice, despite the guidance being issued to care homes in 2023. An area for improvement was identified.

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. Prior to mealtimes, staff ensured good communication about changes in patients' dietary needs.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. 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 told us that the food was good and that they get a choice at each mealtime.

The home had an activities coordinator employed but they were off work at the time of the inspection. It was noted that care staff were playing a word game with one patient and other patients occupied their own time with watching television or reading. Organised activities will be reviewed fully at the next care inspection.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Review of care records identified concerns about the regular reviewing of care plans, the content of reviews and evaluations undertaken by nursing staff. For example, the majority of care plans reviewed had been written several years prior and there was inconsistency in relation to the recording of changes in patients' needs. An area for improvement was identified.

In addition, nutritional risk assessments, such as the Malnutrition Universal Screening Tool (MUST), were not completed at least monthly as required. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

There were homely touches throughout the home, such as flowers, reading materials, pictures, and ornaments on display.

There was evidence of environmental refurbishment, with the replacement of flooring in some areas. The manager confirmed that there was an ongoing refurbishment plan in place, and the manager and maintenance person confirmed that the provider was responsive to environmental upkeep.

Fire safety measures were reviewed. The most recent fire risk assessment was undertaken on 15 May 2026 and no recommendations were made by the assessor. Staff were trained in fire safety and took part in evacuation drills.

It was noted that two fire doors were propped open inappropriately. The treatment room door was held open with a wedge, and the laundry door was held open with a basket on the floor. A previously identified area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Joy McLaughlin has been the Registered Manager of Deanfield since 13 December 2007.

Patients and staff commented positively about the manager and felt that the home was well led. Staff said about the manager, "Joy is great", and "Joy is very approachable." Staff told us that they manager was available for support and guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

It was positive to note from the records that the provider regularly engaged in consultation opportunities with patients and relatives. For example, a satisfaction survey was completed in June 2026 and it was noted that all respondents had positive experiences with living in or visiting the home.

4.0 Quality Improvement Plan/Areas for Improvement

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*	6*

*The total number of areas for improvement includes one that has been stated for a second time and four relating to medicines management and/or finance that were not reviewed as part of this inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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) (d) (i) Stated: Second time To be completed by: 16 June 2026	The registered person must ensure the practice of wedging open fire safety doors is ceased. Ref: 2.0 and 3.3.4 Response by registered person detailing the actions taken: All levels of staff spoken to about this and the fire risk implications . Treatment room door now has a coded lock and alert sighs . The laundry room has been reviewed by fire assessor and new door guards in place that are alerted to the fire alarm system
Area for improvement 2 Ref: Regulation 5 (2) (a) Stated: First time To be completed by: 29 May 2026	The registered person shall ensure the resident agreements are updated to include the current fees paid by, or on behalf of, the residents. All agreements should be signed by the resident, or their representative and a representative from the home. Ref: 2.0 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 (December 2022)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: 30 April 2026	The registered person shall ensure records of administration for the use of thickening agents are maintained to a satisfactory level and thickening agents are stored securely. Ref: 2.0
	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 28 Stated: First time To be completed by: 30 April 2026	The registered person shall ensure there are robust arrangements in place to audit all aspects of the management of medicines. Ref: 2.0
	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 3 Ref: Standard 14.8 Stated: First time To be completed by: 15 May 2026	The registered person shall ensure that the person depositing monies in the home for residents is issued with a receipt. Ref: 2.0
	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 4 Ref: Standard 22 Stated: First time To be completed by: 30 June 2026	The registered person shall ensure that regional Post-Falls Guidelines for Care Homes is implemented and embedded into practice. Ref: 3.3.2
	Response by registered person detailing the actions taken: Meeting held with all registered nurses to provide information on the regional Post falls Guidelines. All documents put in place and now used in practice. A robust system is now in place Awaiting training dates for Falls Management

Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that there is a robust system in place to keep care records up to date and in accordance with the Nursing and Midwifery (NMC) guidelines on record keeping. This is with specific reference to the updating of care plans when a change in patients' need have been identified. Significant changes or multiple changes in need should result in the care plan being re-written. Ref: 3.3.3
Area for improvement 6 Ref: Standard 12 Criteria 3 and 4 Stated: First time To be completed by: 14 July 2026	The registered person shall ensure nutritional screening is completed for each patient at least monthly, or more frequently if clinically indicated. Ref: 3.3.3 Response by registered person detailing the actions taken: Nurse Manager completed an initial full audit of all care files All needing up dated or rewritten due to changes highlighted and allocated to designated nurses All spoken to with regards to monthly reviews Care plan reviews added to Regulation 29 Nurse manager has now a more robust audit system in place Response by registered person detailing the actions taken: Highlighted in care plan audits and addressed Issue discussed with Registered nurses

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