



The **Regulation** and  
**Quality Improvement**  
Authority

Inspector: Karen Scarlett  
Inspection ID: 022154

**Loughview**  
**RQIA ID: 1266**  
**68 Fortwilliam Park**  
**Belfast**  
**BT15 4AS**

**Tel: 02890771930**  
**Email: [loughviewhomes@btconnect.com](mailto:loughviewhomes@btconnect.com)**

**Unannounced Care Inspection  
of  
Loughview**

**3 November 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 3 November 2015 from 09.00 to 13.00 hours. The inspection sought to assess progress with the issues raised during and since the previous inspection.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. However, concerns were identified by one patient which were required to be actioned under the safeguarding of vulnerable adults protocol. This protocol was followed and the appropriate actions taken to address the concerns raised by this patient. The inspection outcomes found no other significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 18 May 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>2</b>	<b>4</b>

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Margaret Lakehal, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Loughview Homes Limited	<b>Registered Manager:</b> Mrs Margaret Lakehal
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Margaret Lakehal	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 36
<b>Number of Patients Accommodated on Day of Inspection:</b> 28	<b>Weekly Tariff at Time of Inspection:</b> £593

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with five patients individually and the majority of others in small groups, three care staff, two registered nurses, two ancillary staff and three patient's visitors/representatives.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas from 26 October to 8 November 2015
- one patient's care record
- infection control audits
- monthly quality monitoring reports.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Loughview was an unannounced medicines management inspection on 10 October 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27 (2) (b) & (p) <b>Stated:</b> First time	The registered person shall ensure that the premises are kept in a good state of repair externally and internally. This relates to damaged doors, architraves and walls throughout the home.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was damage noted to the walls, doors and architraves throughout the home. The communal areas in the home require redecoration. For further information regarding the home's environment please refer to section 5.3.2 of the report.  This requirement has not been met and has been stated for a second time.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered persons shall ensure that arrangements are made to minimise the risk of the spread of infection between patients and staff. Specifically, fully wipeable covers must be fitted to all pull cord in the bathrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was noted that fully wipeable covers had been fitted appropriately to all pull cords in the home.	

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time	<p>A system must be established to assure compliance with best practice in infection prevention and control in relation to use of devices and their decontamination.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            It was noted that a system had been introduced to ensure that equipment was cleaned and in good working order. A schedule had been created and was consistently signed by staff. Equipment inspected was observed to be clean.</p>	
<b>Recommendation 2</b> <b>Ref:</b> Standard 47.1 <b>Stated:</b> First time	<p>The registered persons should ensure that working practices are safe and without risk to health and welfare. Specifically, the downstairs sluice must be easily accessible to staff at all times.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The downstairs sluice was clearly accessible to staff. This recommendation has been met.</p> <p>However, commode buckets were stacked on the floor inside one another. This would not be in accordance with best practice in infection prevention and control. Please refer to section 5.3.2 for further information.</p>	
<b>Recommendation 3</b> <b>Ref:</b> Standard 6.1 and 6.11 <b>Stated:</b> First time	<p>In the interests of privacy and dignity, residents personal care, specifically hair drying, should not be carried out in the corridors. In addition, each patient should have continence pants supplied solely for their personal use.</p>	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Although no hair drying was observed to be taking place in the corridor, on a tour of the premises, a hair brush and rollers were observed to be stored in the corridor. RQIA were not assured that this practice had ceased.</p> <p>Incontinence pants were observed in patients' bedrooms which had not been individually labelled and had the potential to be shared.</p>	

	This recommendation had not been met and has been stated for the second time.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 35.7 <b>Stated:</b> First time	<p>The monthly quality reports should clearly identify the individual who has undertaken the visit. In addition, a system should be introduced to anonymise the details of patients, staff and relatives whose comments have been quoted within the report.</p> <p><b>Action taken as confirmed during the inspection:</b>  A review of the monthly quality reports evidenced that they were signed by the individual who had undertaken the visit. A system had also been introduced to anonymise the details of patients, staff and relatives.</p>	<b>Met</b>
<b>Recommendation 5</b> <b>Ref:</b> Standard 43.10 <b>Stated:</b> First time	<p>The registered persons should review the lighting levels in the home, particularly in the corridor outside the ground floor lounge and the bathroom adjacent to the dining room, to ensure patient safety.</p> <p><b>Action taken as confirmed during the inspection:</b>  It was noted that a new, lighter coloured floor had been laid in the hallways and the dark wooden wall panelling had been painted white. This had helped to brighten this area. The manager also stated that an electrician had assessed the lighting in the hallway and main lounge and had made some recommendations to improve this. This work had not yet been commenced.</p> <p>The lighting level in the specified bathroom was found to be low.</p> <p>This recommendation has not been met and has been stated for a second time.</p>	<b>Not Met</b>

## 5.3 Additional Areas Examined

### 5.3.1 Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and the comments received are detailed below.

#### Patients

Those patients spoken with were generally happy with the care and commented on the kindness of the staff. Staff were observed to be patient and kind to their patients and offered prompt assistance as required. Relationships were observed to be relaxed and in discussion, staff demonstrated a good knowledge of the individual needs of the patients. However, in discussion, one patient made allegations concerning unnamed care assistants which had to be actioned under the safeguarding of vulnerable adults protocol. This protocol was followed and the appropriate actions taken to address the concerns raised by this patient.

#### Patients' Representatives

The inspector spoke with three patients' representatives/visitors. They were all very positive about the care provided and the friendliness of the staff toward them and their loved ones. Two relatives spoken with confirmed that they were kept informed about the condition of their loved one and could call at any time to enquire about them. Relationships between staff and patients' representatives were observed to be friendly and cordial. Staff were observed serving tea and biscuits to relatives as they sat with their loved one who was nearing end of life. One relative was overheard saying to the nurse that the care provided here was the best they have seen. No concerns were raised.

### 5.3.2 Environment

The majority of patients' bedrooms were viewed and these were found to be presented to a good standard of décor and hygiene. However, the communal areas in the home were found to require redecoration. There was damage noted to the walls, doors and architraves throughout the home. A previous requirement in this regard has been stated for the second time.

The flooring in the corridors had been replaced and on the day of inspection, work to replace the floor in the main lounge was nearing completion. There was evidence that some repainting had taken place in the hallways but further work was required. The manager stated that further painting work is to be undertaken in the next two weeks.

A refurbishment plan was requested but was not available. This plan was to be submitted to RQIA by 10 November 2015 detailing the works to be completed and the timescales for completion. This refurbishment plan was submitted on 20 November 2015 following a reminder from RQIA but gave no definitive timescale for the completion of the works. As well as listing planned and completed redecoration works the plan stated that three en-suite bathrooms had been added. RQIA had not been notified of these works in accordance with the regulations and care standards for nursing homes. The registration department of RQIA was notified and correspondence was sent to the registered persons advising them to make the required submissions. A recommendation has been made in this regard.

A specified shower room upstairs was found to have significant damage to the wall panelling and flooring and these could not be effectively cleaned. A requirement has been made that this is repaired or replaced.

Some concerns were identified with infection prevention and control. Commode buckets were stacked inside one another on the sluice and bathroom floors. Gloves and aprons were being stored inside bathrooms on racks. This was discussed with the manager and it was agreed that these are required to be relocated outside the bathroom. Infection control audits were requested but the manager stated that these were not being undertaken. A recommendation has been made that an established system is put in place to assure compliance with best practice in infection prevention and control, to include regular audits and any deficits are addressed.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Margaret Lakehal, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

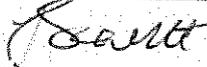
This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27 (2) (b) &amp; (p)</p> <p>Stated: Second time</p> <p>To be Completed by: 3 January 2015</p>	<p>The registered person shall ensure that the premises are kept in a good state of repair externally and internally. This relates to damaged doors, architraves and walls throughout the home.</p> <p>Ref: Section 5.2</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The building has been painted externally. The internal refurbishment and painting is ongoing.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27 (2) (b) &amp; (d)</p> <p>Stated: First time</p> <p>To be Completed by: 3 January 2015</p>	<p>The registered persons shall ensure the premises are kept in a good state of repair externally and internally and that all parts of the nursing home are kept clean and reasonably decorated. This relates to a specified shower room on the first floor.</p> <p>Ref: Section 5.2</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The walls in the first floor shower room have been repaired.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 6.1 and 6.11</p> <p>Stated: Second time</p> <p>To be Completed by: 3 December 2015</p>	<p>In the interests of privacy and dignity, residents personal care, specifically hair drying, should not be carried out in the corridors. In addition, each patient should have continence pants supplied solely for their personal use.</p> <p>Ref: Section 5.2</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Incontinence pants have been individually labelled. Hairdrying is carried out in the residents bedrooms.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 43.10</p> <p>Stated: Second time</p> <p>To be Completed by: 30 December 2015</p>	<p>The registered persons should review the lighting levels in the home, particularly in the corridor outside the ground floor lounge and the bathroom adjacent to the dining room, to ensure patient safety.</p> <p>Ref: Section 5.2</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All lighting has been reviewed and stronger wattage light bulbs have replaced the old ones where appropriate.</p>

<b>Recommendation 3</b>  Ref: Standard 46, criterion 2  Stated: First time  To be Completed by: 30 December 2015	It is recommended that there is an established system in place to assure compliance with best practice in infection prevention and control, to include regular audits and any deficits addressed.  Ref: Section 5.3.2		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Infection control audits have commenced.		
<b>Recommendation 4</b>  Ref: Standard 44, criterion 11  Stated: First time  To be Completed by: 7 December 2015	A variation application should be submitted to RQIA in relation to the addition of three en-suite bathrooms.  Ref: Section 5.3.2		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The application was submitted on 22 <sup>nd</sup> December 2015		
<b>Registered Manager Completing QIP</b>	Margaret Lakehal	<b>Date Completed</b>	22/12/2015
<b>Registered Person Approving QIP</b>	Michael Curran	<b>Date Approved</b>	22/12/2015
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	24/12/15

*\*Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address\**

Please provide any additional comments or observations you may wish to make below: