



# Unannounced Care Inspection Report 8 October 2020



## Loughview

**Type of Service: Nursing Home**  
**Address: 68 Fortwilliam Park, Belfast, BT15 4AS**  
**Tel No: 02890771930**  
**Inspector: Julie Palmer**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 31 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Loughview Homes Ltd  <b>Responsible Individuals:</b> Paul Steele Michael Curran	<b>Registered Manager and date registered:</b> Margaret Lakehal 1 April 2005
<b>Person in charge at the time of inspection:</b> Margaret Lakehal	<b>Number of registered places:</b> 31
<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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 25

### 4.0 Inspection summary

An unannounced care inspection took place on 8 October 2020 from 09.20 hours to 16.05 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- staff training
- personal protective equipment (PPE)
- the environment
- care delivery
- care records
- governance and management arrangements.

Patients in the home were observed to be well looked after; they told us:

- “I am very well looked after.
- “I love it here, it’s great.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	*4

\*The total number of areas for improvement includes one under the regulations and one under the standards which have been carried over for review at the next inspection.

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

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 11 patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses to the staff survey or completed questionnaires were returned within the timeframe indicated.

The following records were examined during the inspection:

- duty rotas from 28 September to 11 October 2020
- staff training records
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including repositioning and food and fluid intake charts
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

The most recent unannounced care inspection of the home was undertaken on 1 April 2019.

Areas for improvement from the last care inspection		
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 27 (4) (e) and (f) <b>Stated:</b> Second time	The registered person shall ensure that suitable arrangements are in place to ensure staff complete the necessary fire safety training; including the provision of and staffs' attendance at fire drills, per year. Records should be maintained to evidence staff attendance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff training records evidenced that staff had completed the necessary fire safety training and fire drills.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure effective cleaning of the underside of soap dispensers is carried out in order to ensure compliance with best practice in IPC measures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that soap dispensers were maintained in a clean and hygienic condition.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure training sessions for moving and handling and managing behaviours that challenge are arranged in order to ensure staff training needs are met.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of staff training records evidenced that the required training had been provided following the last inspection.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure up to date records of wound care are maintained in accordance with NMC and best practice guidelines in management of wound care.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of wound care records evidenced that these were up to date and maintained in accordance with NMC and best practice guidelines.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans for prevention of pressure damage indicate if pressure relieving equipment and/or a repositioning schedule is required.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of care plans for prevention of pressure damage evidenced that information regarding equipment required and recommended repositioning schedules was included.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that equipment in use for the prevention of pressure damage is maintained in good condition and full working order.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A sample of equipment for the prevention of pressure damage, for example pressure relieving mattresses and cushions, was reviewed. The equipment we looked at was observed to be well maintained and in full working order.</p>		

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 May 2019. The quality improvement plan was not reviewed at this inspection. This will be reviewed at a future inspection.

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered person shall ensure that robust systems are implemented to ensure that medicines are not administered after their expiry date.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First 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 care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b>	

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to patients' needs in a caring and timely manner. Staff spoken with had no concerns about staffing levels in the home.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required. Review of two recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

Staff told us that teamwork was good and the manager was approachable; comments included:

- "Teamwork is really good."
- "I enjoy working here; there is a good ratio of staff."
- "Teamwork is dead on, no issues."
- "Rita (the manager) is really approachable."

The nurse on duty told us that the home had been well supported through the COVID-19 pandemic by management and also by the Care Homes Nursing Support Team from the Belfast Health and Social Care Trust.

### **6.2.2 Staff training**

Staff told us that they received mandatory training and this was mainly provided online at present due to COVID-19 restrictions. We reviewed staff training records; these evidenced that staff had received the required training in fire safety, moving and handling and managing behaviours that challenge. Staff commented that “we have had good training in how to manage things through COVID.”

### **6.2.3 Personal Protective Equipment (PPE)**

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up in the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home.

The manager told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to put on and take off their PPE correctly. The manager told us that staffs’ use of PPE was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE and that they had sufficient supplies of PPE at all times.

### **6.2.4 The environment**

We reviewed the home’s environment; this included observations of a sample of bedrooms, ensembles, bathrooms, lounges, the dining room, treatment room, sluice and storage areas. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients’ bedrooms were attractively decorated and personalised.

Domestic staff told us that they had a system in place to ensure frequently touched points were regularly cleaned in addition to the normal cleaning schedule in operation; deep cleaning was also carried out as necessary. Review of the environment evidenced that effective infection prevention and control (IPC) measures were maintained.

Patients spoken with commented positively about the cleanliness of the home:

- “They do the housework really well; they are always mopping and cleaning.”
- “The place is spotless.”

In one identified bathroom we observed that an edging strip around the tiled floor required to be repaired or replaced. In another identified bathroom we observed that a repair was required to the shower drain surround, also, tiles which had become detached needed to be replaced. These repairs were necessary in order to ensure that effective cleaning could be carried out; an area for improvement was made.

### 6.2.5 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were observed to speak to patients kindly and with respect.

We observed that patients who were in their rooms had call bells within reach; staff were seen to be attentive to patients and to answer call bells promptly. Patients who preferred to leave their rooms were sitting in the lounges; social distancing measures had been taken into account and chairs were well spaced out.

In the afternoon we observed that staff took time to interact with patients; they were playing board games and chatting, the atmosphere was friendly and pleasant.

The manager told us that visiting was being managed as per the current guidance in this area. Unfortunately, on the day of the inspection it had been necessary to temporarily cease visiting. However, the situation was being kept under review and visiting would resume as soon as possible following appropriate risk assessment. The manager recognised the importance of family contact for patients and said that relatives had been very understanding of the current restrictions.

Patients spoken with said staff were busy but helpful and they spoke positively about living in Loughview; comments included:

- “I find it very good, I can’t walk and there is always someone here to help me.”
- “One thing about this home is that you always get a good laugh.”
- “The staff are so busy, they are always thinking of the next job and don’t always have enough time.”
- “The staff are busy but very helpful.”
- “They are really good, no issues at all.”
- “I am well looked after and get everything I need.”

We observed the serving of lunch in the dining room. Staff were helpful and displayed their knowledge of patients’ likes and dislikes and any modified dietary needs. The food on offer looked appetising; patients were offered variety and a choice of both food and drinks. The cook told us that there were always two options available but other alternatives would be provided if required. The meal time was a pleasant and unhurried experience. Patient spoken with about the food on offer told us:

- “The food is lovely.”
- “The food, I would say it is tasty and nice.”
- “The food is beautiful; there is a great choice, something different every day.”

### 6.2.6 Care records

We reviewed three patients’ care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to and recommendations from other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary. Wound care records reviewed were up to date and reflective of the care directed in the relevant care plans.

In the event of a fall we observed that staff carried out neurological observations, however, the relevant risk assessments and care plans were not consistently updated. An area for improvement was made.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example fortified diets, were included in care plans. Food and fluid records reviewed were up to date.

Care plans reviewed regarding risk of pressure damage reflected recommendations regarding pressure relieving equipment to be used and repositioning schedules. Repositioning records reviewed were up to date and reflective of the recommendations in individual patient's care plans.

### **6.2.7 Governance and management arrangements**

The manager told us that good working relationships were maintained in the home and that the responsible individuals had been extremely supportive during the COVID-19 pandemic.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home.

Staff were kept up to date with guidance relating to COVID-19; information was cascaded to staff during the daily handover and at staff meetings and was readily available within the home.

There was no current supervision schedule in place. We discussed this with the manager who told us that staff supervisions were being prioritised and a record of staffs' supervisions was maintained, however, a formal schedule had not been created. An area for improvement was made.

A sample of governance audits and monthly monitoring reports reviewed evidenced that management maintained a good level of oversight in the home. The audits and reports reviewed contained clear action plans where deficits had been identified. A monthly falls analysis was completed to determine if there were any trends or patterns.

An up to date fire risk assessment was available in the home. The manager confirmed that staff had participated in fire drills and a record of these was maintained by the maintenance person. We requested that the dates of fire drills be provided following the inspection.

### **Areas of good practice**

Areas of good practice were identified in relation to staffing, teamwork, use and availability of PPE and the cleanliness of the home. Additional areas of good practice included care delivery, the dining experience, treating patients with kindness and respect, maintaining good working relationships and governance and management arrangements.

## Areas for improvement

Areas for improvement were identified in relation to environmental repairs, updating risk assessments and care plans in the event of a fall and having a supervision schedule in place.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 6.3 Conclusion

Patients in the home appeared well cared for. Staff were seen to treat patients with respect and kindness. The home was clean, tidy, warm and fresh smelling throughout.

Following the inspection the manager provided RQIA with the dates on which staff had participated in fire drills from October 2019 onwards.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Lakehal, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<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 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> <b>15 June 2019</b>	<p>The registered person shall ensure that robust systems are implemented to ensure that medicines are not administered after their expiry date.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> <b>15 June 2019</b>	<p>The registered person shall ensure that robust arrangements are in place to audit all aspects of the management of medicines.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> <b>8 November 2020</b>	<p>The registered person shall ensure that the necessary repairs to flooring in an identified bathroom and to the shower drain surround and tiling in a second identified bathroom are completed in order to ensure that effective cleaning can be carried out.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>  Completed</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time  <b>To be completed by:</b> <b>With immediate effect</b>	<p>The registered person shall ensure that in the event of a fall patients' falls risk assessments and relevant care plans are reviewed and updated.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>  Completed and will continue to be carried forward.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 October 2020</p>	<p>The registered person shall ensure that an up to date supervision schedule is in place and that this includes completion dates and the name of the supervisor.</p> <p>Ref: 6.2.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff supervisions have been completed and will be carried forward 6 monthly.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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