



Unannounced Care Inspection Report

25 April 2018



Loughview

Type of Service: Nursing Home (NH)
Address: 68 Fortwilliam Park, Belfast, BT15 4AS
Tel No: 02890771930
Inspector: Heather Sleator

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Loughview Homes Ltd Responsible Individuals: Paul Steele Michael Curran	Registered Manager: Margaret Lakehal
Person in charge at the time of inspection: Margaret Lakehal	Date manager registered: 1 April 2005
Categories of care: 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.	Number of registered places: 31

4.0 Inspection summary

An unannounced inspection took place on 25 April 2018 from 09.45 to 16.00 hours.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff training, patient care records, rapport and interaction between patients and staff, care staff knowledge of patient's preferences and the registered manager's availability to patients, staff and representatives.

Areas requiring improvement were identified in relation to fire safety, infection prevention and control measures, monitoring the registration status of staff with their professional bodies and upgrading of identified areas in the home.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Lakehal, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 20 patients, eight staff and one patient's visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records

- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 23 January 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure the kitchen and equipment are thoroughly cleaned and that robust monitoring of the kitchen cleaning schedules is established by the registered manager.	Met
	Action taken as confirmed during the inspection: Catering facilities were viewed and a satisfactory standard of cleanliness was evident Cleaning schedules evidenced a system was in place to maintain cleanliness and hygiene standards.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 13 and Standard 36.2 Stated: Second time	The registered person shall ensure the home's policy in respect of adult safeguarding is reviewed and revised in accordance with the Adult Safeguarding and Protection in Partnership, 2015 policy and procedural guidance.	Met
	Action taken as confirmed during the inspection: The review of policy documentation evidenced that the policy was in accordance with regional guidance.	
Area for improvement 2 Ref: Standard 48.7 Stated: Second time	The registered provider shall ensure the personal emergency evacuation plans (PEEP's) are maintained in an up to date manner and reflect the needs of patients' at any given time.	Met
	Action taken as confirmed during the inspection: Personal emergency evacuation plans (PEEP's) were viewed and were being maintained in an up to date manner and were readily accessible.	
Area for improvement 3 Ref: Standard 35.3 Stated: First time	The registered person shall ensure that a comprehensive review of patient need is completed, as and when patient need changes, and no less than annually	Met
	Action taken as confirmed during the inspection: The review of patient care records evidenced that the comprehensive assessment of patient need is reviewed as needs change and no less than annually.	
Area for improvement 4 Ref: Standard 4.8 Stated: First time	The registered person shall ensure the accurate completion of supplementary care records, for example, repositioning records.	Met
	Action taken as confirmed during the inspection: The review of patient repositioning records evidenced that these were being maintained in accordance with professional standards.	

Area for improvement 5 Ref: Standard 12 Stated: First time	The registered person shall ensure that the patients dining experience is enhanced and that the crockery/equipment in use at these times is of good quality.	Met
	Action taken as confirmed during the inspection: Observation of the serving of the midday meal and discussion with the cook evidenced that new crockery and/or equipment had been purchased. The registered manager stated that the dining room is being redecorated in the near future.	

6.3 Inspection findings

6.4 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 16 to 29 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients’ needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients and no issues were raised. We also sought staff opinion on staffing via the online survey. However, there were no questionnaires completed and returned within the timeframe.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Loughview. Comments included; “I would recommend this home to anyone”. We also sought the opinion of patients on staffing via questionnaires. Two questionnaires were returned however the questionnaires did not identify if they were from a patient or a patient’s representative. The response within the questionnaires indicated that the respondents were very satisfied that care was safe, effective and compassionate and that the service was well led.

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives’ opinion on staffing via questionnaires. As previously stated two questionnaires were returned however the questionnaires did not identify if they were from a patient or a patient’s representative. The response within the questionnaires indicated that the respondents were very satisfied that care was safe, effective and compassionate and that the service was well led.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Staff were observed responding to call bells promptly and the relationship between staff and patients when in the lounge was friendly and supportive.

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that whilst there was a process in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC the system did not clearly identify the current registration status of all staff. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were generally maintained in accordance with Standard 39 of The Nursing Homes Care Standards however discussion took place with the registered manager about the frequency of fire safety training and refresher training in other mandatory areas, for example moving and handling. Evidence must be present that staff have attended two fire safety training and/or awareness sessions per year. This has been identified as an area for improvement under regulation. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. In discussion with staff it was confirmed that staff complete a theory component and a practical demonstration of safe moving and handling techniques.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with staff confirmed that the regional operational safeguarding policy and procedures were embedded into practice and that staff had completed training. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from October 2017 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home’s environment. Areas for improvement were identified and included the flooring in the kitchen and the flooring in two other areas of the home (identified to the registered manager) ‘dipped’ when being walked on and could be hazardous to patients. These areas of the environment have been identified as an area for improvement under the care standards.

Infection prevention and control measures were not being adhered to in the sluice rooms and one shower room. Sluice rooms were very cluttered and evidenced inappropriate storage. The sealant at the shower outlet in the identified shower room was coming away from the wall and did not facilitate thorough cleaning. Adherence to infection prevention and control measures has been identified as an area for improvement under regulation. The storage of substance hazardous to health has also been identified as an area for improvement. Cleaning agents were observed at the sink in the kitchen and were easily accessible. The kitchen door is situated in the main thoroughfare of the home and the kitchen door remains open during the day.

Fire exits and corridors were observed to be clear of clutter and obstruction. The most recent fire risk assessors report was viewed and was dated 22 February 2017. In discussion the registered manager stated she was aware that this was an annual risk assessment report and would arrange for a fire risk assessment to be completed. It was agreed the registered manager would organise a review without further delay and confirm the date with RQIA.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to fire safety, infection prevention and control measures, aspects of the environment and monitoring the registration status of staff with their professional bodies.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients’ weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We reviewed three patient care records in relation to the management of nutrition, falls, patients' weight, and wound care. All three records contained nursing risk assessments and care plans that had been regularly reviewed and a daily record was maintained to evidence that nursing staff had evaluated the delivery of care. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager advised that patients meetings were held quarterly with the last meeting being 23 April 2018 and 18 patients attended. The minutes of the meeting were displayed on the notice board opposite the dining room. The registered manager stated that staff meetings were not held quarterly as she meets with day and night staff at the handover meeting at the start of the day duty shift and considered that all necessary information was discussed with or given to staff at this time..

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff and management. Patients and representatives were aware of the names of the nursing staff and the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between patients and staff and the accessibility of the registered manager to patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.45 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal, comments included; "the food's good" and "I get what I want". Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Staff are doing a great job".

"Loughview is a home from home and every need catered for".

"My (relative) received excellent care and attention in Loughview".

There were systems in place to obtain the views of patients and their representatives on the running of the home. A patient/representative satisfaction survey had recently been undertaken and the registered manager stated she would be compiling a report regarding the outcome of the survey.

Consultation with 20 patients individually, and with others in smaller groups, confirmed that living in Loughview was a positive experience. Patient comments included:

- “Staff couldn’t be more helpful”
- “Food’s good and staff are great”
- “I would recommend this home to anyone”
- “I’m well content”
- “I’ve no complaints”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two questionnaires were completed and returned to RQIA. The questionnaires did not specify if they were from a patient or patient representative, however, both questionnaires indicated that they were very satisfied that care was safe, effective and compassionate and that the service was well led.

Staff were asked to complete an on line survey, no responses were received within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Discussion with staff confirmed that there were good working relationships and that management were generally supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. However, the records did not always clearly indicate if a satisfactory resolution had been gained. This was discussed with the registered manager who agreed to evidence this in future.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections; patients weight loss and wound care.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, registered 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (e) and (f)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fire training has been arranged in house for June, futher training will be arranged later in the year to comply with the standards. A data base has been introduced to ensure attendance and taking part in fire drills.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2018</p>	<p>The registered person shall ensure arrangements are in place to reduce the risk of infection; including</p> <ul style="list-style-type: none"> • the appropriate use of sluice rooms • the remedial action required to the identified shower room • the safe storage of cleaning agents <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Completed</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2018</p>	<p>The registered person shall ensure that the system to monitor the registration status of staff with their professional bodies (NMC and NISCC) is robust and identifies that staff are registered and/or the process of registration had commenced.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All registration on the appropriate bodies is checked monthly and acted on accordingly. Those staff noted not registered on the day of inspection have since been registered.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall ensure that a refurbishment/replacement programme is implemented in relation to the flooring in the kitchen, bathroom and upstairs corridors of the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Completed</p>

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



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