

# Inspection Report

## 15 September 2022



## Longfield Care Home

**Type of Service: Residential Care Home**  
**Address: 2 Longfield Road, Eglinton,  
Derry BT47 3PY**  
**Tel No: 028 7181 2552**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland Belfast Ltd  <b>Responsible Individual(s):</b> Ms Amanda Celine Mitchell	<b>Registered Manager:</b> Mrs Louise Carroll  <b>Date registered:</b> 19 April 2018
<b>Person in charge at the time of inspection:</b> Ms Lorraine O'Doherty, Team Leader then joined by Mrs Louise Carroll from 11am	<b>Number of registered places:</b> 11
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 10
<b>Brief description of the accommodation/how the service operates:</b> <p>This home is a registered Residential Care Home which provides health and social care for up to 10 residents.</p> <p>There is a Nursing Home which occupies the first and second floors and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

This unannounced inspection was conducted on 15 September 2022, from 10.05am to 2.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

All these areas of improvement were met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

Staff promoted the dignity and well-being of residents. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

One area of improvement was identified during this inspection. This was in relation to ensuring a subsequent action/response to issues identified with audits of residents' weights, as applicable.

Residents said that living in the home was a good experience.

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

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire. No responses to these questionnaires were received in time for inclusion to this report.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Louise Carroll, Manager, at the conclusion of the inspection

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

Residents spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home. Two residents made the following comments; "This a lovely place. I have no complaints" and "The staff are all very good. Always very kind."

Two visiting relatives said that all was great in the home and described the staff as "brilliant".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 September 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that the assessed needs of one identified patient are comprehensively reviewed in collaboration with the multi professional team and next of kin, as appropriate; the resident's care plans should then be updated to reflect this reassessment, as needed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This review was put in place.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (e)  <b>Stated:</b> First time	The registered person shall ensure that all staff in the home are in receipt of up-to-date fire safety training.	<b>Met</b>
	<b>Action taken as confirmed during the inspection: :</b> All staff are in receipt of up-to-date fire safety training.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that all resident admissions into the home are managed in keeping with current COVID-19 guidance, as appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has been acted on.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 19.3 <b>Stated:</b> First time	The registered person shall ensure that the Access NI's record is stored in accordance with its Code of Practice. <hr/> <b>Action taken as confirmed during the inspection:</b> This has been acted on.	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure that the décor of the dining room walls is made good. <hr/> <b>Action taken as confirmed during the inspection:</b> The dining room was redecorated to a good standard.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a sample of two recently appointed staff members' recruitment records confirmed that there was a robust system in place to ensure staff were recruited correctly to protect residents.

Staff receive a programme of induction on appointment. At the time of this inspection a staff member was receiving supernumerary time on induction.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager explained that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. It was also noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. One resident said; "Everything is very good here. There is always staff around and I feel safe."

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of a staff member's assessment found this to be comprehensive in detail to account for the responsibilities of this role.

Staff said there was good team work and that they felt well supported in their role. Staff said that they were satisfied with the staffing levels.

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis on.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be pleasant, polite, friendly and warm.

Residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. One resident said; "It's really very good here. The staff are very good I have no problems."

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. An area of improvement was identified to record clearly in these audits and individual care records, the action(s) taken in response to issues of weight loss, which was not clear.

If required, residents were kept of what patients had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. These records were maintained in good detail. The outcomes of visits from any healthcare professional were also recorded.

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

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were maintained safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were well maintained with up-to-date fire safety checks of the environment, fire safety drills and fire safety training. The home's most recent fire safety risk assessment was dated 24 June 2022. There were no recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### **5.2.4 Quality of Life for Residents**

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff. One resident said; "I am very happy here. We all get on very well."

Photographs of recent social events were also nicely displayed, showing residents participation. A visiting music entertainer was providing entertainment that afternoon for both the residential and nursing homes.

The environment suitably facilitated to support residents with social needs and comfort.

### 5.2.5 Management and Governance Arrangements

Mrs Louise Carroll is the Registered Manager of the home. Staff commented positively about the Manager and described them as supportive, approachable and always available for guidance.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. There were good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

### 7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Louise Carroll, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.3  <b>Stated:</b> First time  <b>To be completed by:</b> 16 September 2022	<p>The registered person shall record clearly in the audits of residents' weights and individual care records, the action(s) taken in response to issues of weight loss.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Supervision completed with the Team Leader which focused on the completion of audits and the importance of including all actions taken.            In relation to the audit of residents weights, those with identified weightloss have details of MDT referral, relative and staff communication included within the audit outcome and any further actions or followup required.</p>

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