

Inspection Report

30 September 2021



Longfield Care Home

Type of Service: Residential Care Home
**Address: 2 Longfield Road, Eglinton,
Derry BT47 3PY**
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland Belfast Ltd Responsible Individual(s): Ms Amanda Celine Mitchell	Registered Manager: Mrs.Louise McCloskey Date registered: 19 April 2018
Person in charge at the time of inspection: Ms Nichela Ryan, senior care assistant then from 10.30am Ms Sarah Coul, deputy manager	Number of registered places: 11
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 10
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 11 residents. The registered manager has managerial responsibility and oversight for both this home and a registered nursing home which is situated on the same site.	

2.0 Inspection summary

An unannounced inspection was conducted on 30 September 2021, from 9.50am to 2.15pm by a care inspector.

The inspection assessed progress with the one area of 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.

One area for improvement identified at the last inspection was reviewed and assessed as met.

The home was clean, tidy, well ventilated and free from malodour.

Staffing levels were found to be in keeping with residents' dependencies and the size and layout of the home.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles.

Residents were observed to be well cared for. There was evidence of staff paying attention to residents' personal care and dressing needs; staff were also observed providing residents assistance with meals and fluids in a prompt and compassionate manner.

Feedback from residents indicated that they were satisfied with the care and service provided to them in Longfield Care Home.

Five new areas for improvement were identified during this inspection.

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.

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 and 'Tell Us' cards 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.

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.

4.0 What people told us about the service

Residents told us that they felt safe and that they were satisfied with the care delivery in the home. They described staff as "kind and very good" and said that there was enough staff available and that they received help and assistance when they needed it. Observation during the inspection indicated that residents' care needs were met.

Staff spoke positively about the provision of care, the teamwork which was present among staff and support from the manager. However, concerns were expressed by some staff in relation to maintaining consistent staffing levels and the impact this had on staff morale. This feedback was shared with the manager for consideration and action, as appropriate.

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 05 November 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: First time	The registered person shall submit a schedule of proposed dates when the outstanding service maintenance issues will be addressed to the home's aligned estates inspector.	Met
	Action taken as confirmed during the inspection: This was submitted and all outstanding service maintenance issues were addressed.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of a staff recruitment files were reviewed. While most required information was in place, it was noted that AccessNI information was not filed in accordance with the standard. An area of improvement was made in this regard.

All staff working in the home were provided an induction appropriate to their roles and duties. Review of records showed that training comprised of a range of mandatory topics, with the majority of courses provided for using an eLearning platform while courses with practical elements were delivered face to face. Fire training is discussed further within Section 5.2.3.

Staff spoke positively about the provision of training and said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period.

The deputy manager confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of residents in the home. It was noted that there was enough staff available in the home to respond to the needs of residents.

Staff were seen to attend to residents' needs in a timely manner and maintained their dignity by offering personal care discreetly and ensuring their privacy during personal interventions. Residents were offered choices throughout the day, such as: where and how they wanted to spend their time and in regard to what meals they wished to have.

Residents told us that they were satisfied with the delivery of care and the kindness and support received from staff. Two residents made the following comments: "It's very good here and so are all the staff" and "I like this place very much. The staff are very kind."

A number of staff expressed concern that maintaining consistent staffing levels was challenging and that this negatively impacted staff morale; however, staff said that the manager was supportive in dealing with this situation.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff on duty were knowledgeable of residents' needs, their daily routines, their likes, dislikes and social interests.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering personal care with statements such as: "Can I help you with..." or "Would you like to..." and knocking on bedroom doors to seek permission to enter.

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. These assessments included any advice or directions by other healthcare professionals. One identified resident was found to have issues of assessed need not identified at the preadmission assessment that were difficult to adequately meet. These needs included dietary and fluid intake, restlessness and associated falls risk. An area of improvement was made for these areas of care to be reviewed with the resident's aligned named worker so as to ensure adequate planning and support is put in place. Confirmation was received following this inspection that the resident's aligned named worker had been notified of these issues.

Residents' care records were held confidentially.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, measures such as alarm mats were used, as necessary. Resident areas were free from clutter, and staff were seen to support or supervise residents with limited mobility. Those residents who were at risk from falls had relevant care plans in place.

Records confirmed that in the event of a resident falling, a post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral to the Occupational Therapy team or the Health and Social Care Trust's falls prevention team, as appropriate. Following a fall, relevant persons such as the resident's next of kin, their aligned named worker and where appropriate RQIA, were informed. A monthly falls

analysis had been carried out to establish if there were any patterns or trends and to determine if there were other measures that could be put in place to reduce the risk of falls.

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 interventions such as verbal encouragement through to full assistance from staff.

One resident was found to have identified dietary needs that needed to be reported to their aligned named worker as detailed above, for which confirmation was received following this inspection that this had been done.

There was a choice of meals offered; the food was attractively presented and portions were generous. There was also a variety of drinks available. This resulted in the dinnertime meal being a pleasant and unhurried experience for the residents. One resident made the following comment: "The meals are really good and I always get what I like."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what residents had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Bedrooms and communal areas were generally well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

An area for improvement was identified with regard to the dining room paintwork which was stained and marked.

The grounds of the home were well maintained.

Fire exits and corridors were observed to be clear of clutter and obstruction.

The home's most recent fire safety risk assessment was dated 24 November 2020. Corresponding evidence was recorded of actions taken in response to the three recommendations arising from this assessment.

There were deficits in the fire safety training in that all staff had not received up-to-date training. An area of improvement was made. Fire safety drills were maintained on a regular and up-to-date basis, as were the routine fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (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.

Visiting arrangements were managed in line with Department of Health guidance. However, it was noted that the admission of one identified resident had not been in keeping with current COVID-19 guidance; this was brought to the immediate attention of the deputy manager who sought advice from the Public Health Agency during the inspection. An area for improvement was made.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges

Staff recognised the importance of maintaining good communication with families, especially while visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits being noted by staff in regard to the physical and mental wellbeing of residents.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff said that they enjoyed participating in activities with the residents. Activities were delivered to residents in a person centred manner, either individually or small groups.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection; Mrs Louise McCloskey has been the manager since 19 April 2018.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

Monthly monitoring visits were carried out by the responsible individual and these reports were subsequently produced.

A system of quality assurance audits was in place to help the manger monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the deputy manager confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis; this monthly analysis was used by the manager to identify any learning for staff.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

6.0 Conclusion

Residents were seen to be well cared for and staff interactions with residents were polite and caring. Staff were also observed to be attentive to residents' care needs and maintained their dignity in a compassionate manner.

Five new areas for improvement were identified and are outlined within the Quality Improvement Plan in Section 7.0.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2021)**

	Regulations	Standards
Total number of Areas for Improvement	3	2

Five areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Sara Cole, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15(2)(a)(b) Stated: First time To be completed by: 1 October 2021	<p>The registered person shall ensure that the assessed needs of one identified patient are comprehensively reviewed in collaboration with the multiprofessional team and next of kin, as appropriate; the resident's care plans should then be updated to reflect this reassessment, as needed.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The identified residents' needs were clarified with the social worker. Following an urgent care review, it was agreed for a provision of a one-to-one carer until a dementia nursing placement is found. Family fully aware of the situation.</p>
Area for improvement 2 Ref: Regulation 27(4)(e) Stated: First time To be completed by: 30 October 2021	<p>The registered person shall ensure that all staff in the home are in receipt of up-to-date fire safety training.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have now completed up to date fire training.</p>
Area for improvement 3 Ref: Regulation 13(7) Stated: First time To be completed by: 30 September 2021	<p>The registered person shall ensure that all resident admissions into the home are managed in keeping with current COVID-19 guidance, as appropriate.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: PHA were contacted during inspection and informed of resident's admission to the Home and that escalated infection control measures were in place as isolation measures were difficult to maintain. They were satisfied with current measures in place.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 19.3 Stated: First time To be completed by: 1 October 2021	The registered person shall ensure that the Access NI's record is stored in accordance with its Code of Practice. Ref: 5.2.1
	Response by registered person detailing the actions taken: Access NI record has been removed from personnel file and record of their number is in place
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 30 November 2021	The registered person shall ensure that the décor of the dining room walls is made good. Ref: 5.2.3
	Response by registered person detailing the actions taken: The dining room has now been re painted.

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



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