

# Inspection Report

<b>Name of Service:</b>	<b>Longfield Care Home</b>
<b>Provider:</b>	<b>Healthcare Ireland No 2 Ltd</b>
<b>Date of Inspection:</b>	<b>19 September 2024</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Healthcare Ireland No 2 Ltd
<b>Responsible Individual:</b>	Ms Andrea Louise Campbell
<b>Registered Manager:</b>	Mrs Louise Carroll
<b>Service Profile</b> <p>This home is a registered residential care home which provides health and social care for up to 11 residents who are living with dementia. Accommodation is provided on the ground floor in single bedrooms with ensuite facilities. Residents have access to communal areas and a secure outdoor area.</p> <p>There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 19 September 2024, from 10.00 am to 3pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection no new areas for improvement were identified. Details can be found in the main body of this report.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Residents spoke positively about their experience of life in the home. Comments included: "good place here" and "happy enough here." Residents described the staff as kind and good to them. Residents stated that they felt safe in the home. Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents commented positively on the meal and activity provision in the home.

Three questionnaires were received from relatives following the inspection. All of the respondents were very satisfied with the overall delivery of care. Comments included: "Very happy with the care that is being provided," "Fantastic friendly staff, my relative is getting the best of care; it makes me and my family happy knowing that they are getting well looked after" and "The care provided is excellent. Every interaction has been both professional and personal, I take great comfort in knowing that my relative is safe and content. The staff have taken time to get to know my relative and truly create a home from home."

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were always available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions during activities found staff to be reassuring and compassionate.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

The importance of engaging with residents was well understood by the manager and staff. An activity schedule was on display in communal areas offering a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, music activities, hairdressing, one to one reading or seated exercise. Residents were well informed of the activities planned for the day and of their opportunity to be involved and looked forward to attending the planned events.

During the inspection a large number of the residents were engaged in discussions with the activity therapist, while playing cards in the garden. There was a relaxed atmosphere during the activity and staff were readily available to assist in the planned activity, if the resident chose to no longer participate. In the afternoon the residents were assisted to engage in live music activities, also in the garden. The residents seemed to enjoy the activities provided.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities. Residents commented that there was always something to do.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

### **3.3.4 Quality and Management of Residents' Environment Control**

The home was clean, tidy and well maintained and this was further reiterated by the residents. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The corridors displayed photos of activities completed by the residents and light music played in the background. Corridors were clear and unobstructed.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### **3.3.4 Quality of Management Systems**

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

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

## **4.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Louise Carroll, Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
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Authority

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