



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Longfield**

**20 October 2015**

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
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## 1. Summary of Inspection

An unannounced care inspection took place on 20 October 2015 from 11.15 to 17.00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 27 October 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Louise McCloskey, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Louise McCloskey
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Louise McCloskey	<b>Date Manager Registered:</b> 01 April 2005
<b>Categories of Care:</b> NH-PH, NH-PH (E), NH-I	<b>Number of Registered Places:</b> 46
<b>Number of Patients Accommodated on Day of Inspection:</b> 42 patients	<b>Weekly Tariff at Time of Inspection:</b> £613 - £657

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

#### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### 4. Methods/Process

Prior to inspection the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, the inspector met with 20 patients, three registered nurses, six care staff and two patients' representatives.

The following records were examined during the inspection:

- validation of evidence linked to the previous QIP
- five patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- policies for communication, death and dying, and palliative and end of life care
- complaints and compliments records.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Longfield Care Home was an unannounced pharmacy inspection dated 02 December 2014. The completed QIP was returned and approved by the pharmacist inspector.

## 5.2 Review of Requirements and Recommendations from the last care inspection on 27 October 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>Deep clean/ replace the carpets in the main lounge and hallways</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed that carpet in the main lounge and hallways had been deep cleaned. Carpets appeared clean and no mal odours were identified.</p>	<b>Met</b>
Last Care Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that the patients' care records be reviewed and updated to address spiritual care, dignified and respectful care after death and communication and support for the patient's family.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of five patients care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 30.1</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should undertake a review of staffing levels in the home and consider the introduction of a twilight shift in Faughan Unit.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed that a review of staffing levels had been undertaken and a clinical lead nurse and a senior care assistant post had recently been advertised.</p> <p>A review of patient dependency levels had been conducted and staffing levels were confirmed as appropriate to meet the assessed needs of patients. No concerns were identified by patients,</p>	<b>Met</b>

	relatives or staff regarding staffing levels.	
<b>Recommendation 3</b>	The registered manager should consider identifying a continence link nurse within the home.	<b>Met</b>
<b>Ref:</b> Standard 19.4 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b>  A continence link nurse had been identified.	

### 5.3 Standard 19 - Communicating Effectively

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on breaking bad news. Discussion with two nursing and six care staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that all staff had completed on-line training in relation to communicating effectively with patients and their families/representatives. Training on palliative and end of life care included guidance for breaking bad news as relevant to staff roles and responsibilities. Two nurses had completed this training in May 2015. Further face to face training had been arranged for all staff for November 2015. Nursing staff consulted were able to demonstrate their skills and knowledge regarding this aspect of care.

#### Is Care Effective? (Quality of Management)

Five care records reflected patients' individual needs and wishes regarding their end of life care. Recording within records included reference to the patient's specific communication needs, including sensory and cognitive impairments.

There was evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Three registered nurses consulted, demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and or their representatives.

#### Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and taking the time to offer reassurance to patients as required.

Discussion with twenty patients individually evidenced that patients were happy living in the home. Some patients were unable to verbally express their views due to the frailty of their condition. These patients appeared comfortable and relaxed in their surroundings. No concerns were expressed by any of the patients. Comments received included:

- “I’m very well treated”
- “staff are very good”

### Areas for Improvement

No areas of improvement were identified in regards to this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents included guidance on the management of the deceased person’s belongings and personal effects.

Training records evidenced that two nursing staff had completed training in palliative and end of life care in May 2015. Further training had been arranged for November 2015 for the remaining nursing and care staff. The registered manager was also completing an eight week intensive palliative care course with Princess Alice Hospice. This training will also be disseminated to all staff relevant to their roles and responsibilities. Registered nurses were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Discussion with three nursing staff and a review of five care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Referral to specialist palliative care services and the multidisciplinary team was clearly evidenced when reviewing patient care records.

Discussion with the registered manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient’s condition was deteriorating or nearing end of life and that appropriate actions had been taken.

Registered nursing staff had completed training in the use of the McKinley syringe driver and competency and capability assessments had been updated to reflect same.

The registered manager is the palliative care link nurse for the home.

### Is Care Effective? (Quality of Management)

A review of five care records evidenced that patients’ needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient’s wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with three nursing and six care staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Facilities had been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support had been provided by the staff team.

A review of notifications to RQIA evidenced that the home had notified RQIA of any death which occurred in the home in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.

### **Is Care Compassionate? (Quality of Care)**

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wished with the person. From discussion with registered nursing and care staff and a review of compliments records, there was evidence that arrangements were sufficient to support relatives during this time; and relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with the registered manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with staff, it was evident that staff would appreciate some additional support following the death of a patient. This could include, for example, bereavement support, a staff meeting and/or 1:1 counselling if deemed appropriate. A recommendation has been made. Refer also to section 5.5.2.

Information leaflets on palliative care and grief and bereavement were available and accessible for staff, patients and their relatives.

### **Areas for Improvement**

The registered manager should review the arrangements to support staff following the death of a patient.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Care Records**

Care records were maintained on a computerised system. Care staff recorded the care they provided including personal care and repositioning. However, for patients assessed as being at risk of developing pressure damage, care staff were not recording the condition of the patient's skin at each change of position. A recommendation has been made in this regard. Care staff informed the inspector that any changes to the patients' skin were reported verbally to a registered nurse to take appropriate action.

## 5.5.2 Consultation with Patients, Patient Representatives and Staff

### Patients

Twenty patients were spoken with individually. Comments from patients regarding the quality of care, food and life in the home were very positive. One patient expressed a wish to get out on more trips. This was discussed with the registered manager who agreed to follow up this request. Seven patients completed questionnaires. Comments included:

- “I would not want to be anywhere else – even home because I know I would not be completely safe or as well looked after”
- “I am well looked after and enjoy all the food”
- “every person in this care home is doing a wonderful job and I am very grateful”

### Staff

Nine staff took the time to speak with the inspector. A further eight staff completed questionnaires. The general view from staff cited in completed questionnaires and during discussions was that they took pride in delivering safe, effective and compassionate care to patients. Staff members were looking forward to receiving further training in palliative/end of life care and felt that this will enhance their knowledge in this area of practice. Staff stated that they would appreciate additional support following the death of a patient. A recommendation was made in this regard.

A few staff comments are detailed below:

- “I think staff would benefit from some support after a few deaths or a sudden death. We all grow to know the residents and become fond of them and it can be upsetting when they pass away”
- “I believe Longfield provides a high standard of person centred care where staff work as a team to provide best care and support for all residents and relatives.”
- “I am very pleased with the training sessions for 2015”
- “the care delivered by staff is respectful, compassionate and kind”
- “I feel that the staff within the home are very effective in working together as part of a team to ensure the best possible care is delivered to our residents”

### Patient Representatives

Two relatives spoke with the inspector and a further two relatives completed questionnaires. Relatives were very complimentary regarding the care and services provided. Comments included:

- “I couldn’t commend the staff enough, the care is excellent”
- “It’s all very good. Our relative is well cared for. I can’t think of anything else I’d like to change”
- “my xxx has been in the home for a short period of time. During this time she has been very satisfied, as I have also been, with the care she is receiving”
- “I am very happy with the treatment my xxx is receiving here”



## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Louise McCloskey as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time <b>To be Completed by:</b> <b>31 October 2015</b>	The registered manager should review the arrangements to support staff following the death of a patient.  <b>Reference: Section 5.4</b>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Staff have the opportunity to discuss feelings following residents death with Home Manager and also support services are available for staff through Macmillan and Foyle Hospice.		
<b>Recommendation 2</b> <b>Ref:</b> Standard 23.2 <b>Stated:</b> First time <b>To be Completed by:</b> <b>21 October 2015</b>	Where a patient is assessed as at risk of pressure damage, the condition of the patients skin should be documented each time the patient is repositioned  <b>Reference: Section 5.5.1</b>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Epicare is being updated on 01/12/15 to include skin integrity for carers to document condition of resident's skin.		
<b>Registered Manager Completing QIP</b>	Louise Mc Closkey	<b>Date Completed</b>	19/11/2015
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	10.12.15
<b>RQIA Inspector Assessing Response</b>	Bridget Dougan	<b>Date Approved</b>	14/12/15

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**