

# Unannounced Care Inspection Report 02 March 2017



## Longfield Care Home

**Type of Service: Nursing Home**  
**Address: 2 Longfield Road, Eglinton, BT47 3PY**  
**Tel No: 028 7181 2552**  
**Inspector: Bridget Dougan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Longfield Care Home took place on 06 February 2017 from 11.00 to 16.00. On this occasion the inspector was accompanied by a Lay Assessor. Please refer to section 4.5 for further detail.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The focus of the inspection was meals, mealtimes and nutrition.

### **Is care safe?**

There was evidence of competent and safe delivery of care on the day of inspection. Two patients and two relatives expressed some dissatisfaction with staffing levels. A recommendation made at the previous inspection had been partially met and has therefore been stated for the second time.

### **Is care effective?**

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

The care records of two patients had been well maintained. However, risk assessments and care plans for one patient had not been reviewed and updated in response to the patient's changing needs. The nutritional treatment plans recommended by the dietician had not been adhered to for one patient. One requirement and one recommendation have been made in this regard.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients were given a choice in regards to food and fluid choices and the level of help and support requested. However patients stated they would like more choice in other aspects of their care.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner. Patients spoken with were generally very complimentary regarding the care they received and life in the home.

Two recommendations were made in respect of patient choice and staff hand hygiene when assisting patients with their meals.

### **Is the service well led?**

Systems were in place to monitor and report on the quality of nursing and other services provided. Complaints, incidents and accidents were managed in accordance with legislation.

There were no requirements or recommendations made.

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.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	4*

\*The recommendations above include one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Louise McCloskey, 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.

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 05 December 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons (Bamford) Ltd/Dr Maureen Claire Royston	<b>Registered manager:</b> Mrs Louise McCloskey
<b>Person in charge of the home at the time of inspection:</b> Mrs 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

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 25 patients, two registered nurses, four care staff and one catering staff.

Six questionnaires were also issued to patients, staff, and relatives. Refer to section 4.5.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- complaints and compliments records
- sample of audits
- monthly quality monitoring reports
- policy on meals and mealtimes.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 05 December 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next finance inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 08 September 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> Second time	The registered manager should review the management of fluids. Care records should clearly identify fluid intake targets, whether these have been met and the actions taken to address any deficits. For patients with urinary catheters, the amount of urinary output should be recorded in care records on a daily basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three patients care records and a sample of fluid balance charts evidenced that fluids had been managed appropriately.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 39.9 <b>Stated:</b> Second time	The registered provider should ensure that update training in stoma care be provided for all relevant staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Six registered nurses and care staff attended training in the management of stomas on 21 September 2016.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 41.1 <b>Stated:</b> First time	The registered provider should ensure a review of staffing levels and the deployment of staff has been conducted so that the assessed needs of patients have been met in a timely manner.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three weeks duty rotas, discussion with the registered manager and feedback from patients, relatives and staff evidenced that this recommendation has been partially met and will be stated for the second time. Refer to section 4.3 for further details.	

### 4.3 Is care safe?

Feedback from questionnaires and discussion with patients, relatives and staff evidenced that two patients and two relatives expressed some concerns regarding staffing provision within the home. Patients and relatives informed us that patients' needs were not always met in a timely manner. Refer to section 4.5 for further details. 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. The registered manager informed us that from week commencing 06 March 2017, an additional care assistant had been rostered to work on night duty and a twilight shift would be introduced. Staffing levels will continue to be kept under review. A recommendation made at the previous inspection has been partially met and has been stated for the second time.

Review of the training records evidenced that food hygiene training had been provided for all relevant staff in 2016. Training had also been provided in the management of feeding techniques for patients who have swallowing difficulties. Four registered nurses had also attended training on enteral feeding in February 2017.

Staff consulted with and observation of care delivery and interactions with patients, clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice.

There was evidence that a nutritional policy dated 18 May 2016 was in place. A system was also in place to ensure all relevant staff had read and understood the policy.

Up to date nutritional guidelines were available and used by staff on a daily basis.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

Review of three patients' care records evidenced that the care records of two patients had been maintained to a satisfactory standard. Whilst a range of validated risk assessments were completed as part of the admission process, they had not been reviewed and updated on a regular basis for one patient. There was also evidence that the recommendations made by the dietician had not been adhered to for this patient. A nutritional supplement recommended by the dietician on 09 February 2017 had not been obtained and the patient had not been weighed weekly as directed by the dietician. Whilst a nutritional care plan was in place, it had not been reviewed or updated to reflect the changes to the patient's treatment/care. These

issues were discussed with the registered manager for follow up. A requirement has been made in this regard.

It is recommended that risk assessments and care plans are kept under review and updated in response to the changing needs of the patients.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

### Areas for improvement

One requirement has been made to ensure the nutritional treatment plans recommended by the dietician have been adhered to. One recommendation has also been made in respect of the review of risk assessments and care plans.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. The majority of patients chose to come to the dining rooms where the tables were nicely presented with cutlery, crockery and a choice of condiments. Those patients who choose to remain in their bedroom were served their meals on trays set with condiments; the meals were covered prior to leaving the kitchen. A record was maintained for all patients to reflect their food and fluid intake at each mealtime. A discussion with catering staff demonstrated that they were knowledgeable regarding the patients dietary needs. This included; patients who required modified diets and food fortification. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner. One member of staff did not adhere to good practice in respect of hand hygiene whilst assisting patients with their meals. A recommendation has been made in this regard.

The majority of patients spoken with were complimentary regarding the care they received and life in the home. Four patients stated that, whilst they were given a choice in respect of their meals, they had not been offered a choice on a day to day basis regarding other aspects of their care. This was discussed with the registered manager at the conclusion of the inspection and a recommendation has been made accordingly.

Those 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.

As part of the inspection process, we issued questionnaires to staff, patients and patients' representatives. Seven patients and two relatives completed and returned questionnaires within the required time frame. Some comments are detailed below.

### Patients

"staff are all very good. If you ask for help, you get it"

"I have no complaints"

"the food is lovely"

"I have no choice in care, other than meals"

"I can't really make choices, but can give suggestions"

"the tablets are late sometimes, especially in the morning. There is not enough staff and we have to wait"

"I have to wait too long for the toilet at times"

### Relatives

"the care is very good. We are very happy"

"staff are all excellent"

"there are times when more staff are needed for toileting and feeding duties. If a resident needs the toilet at meal times, they are asked to wait until the meal is served"

The comments made by the patients and relatives were discussed with the registered manager. A recommendation made at the previous inspection in regard to staffing has been stated for the second time. Refer to section 4.2.

### Areas for improvement

Two recommendations has been made in respect of hand hygiene and patient choice on a day to day basis about their care

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities.

The certificate of registration issued by RQIA was displayed in the home. Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints records and discussion with the registered manager evidenced 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.

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.



Review of records for December 2016, January and February 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Louise McCloskey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [web portal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 13 (1) (b)

**Stated:** First time

**To be completed by:**  
31 March 2017

The registered persons must ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

This requirement specifically relates to the implementation of nutritional treatment or care plans recommended by the dietician/other relevant professionals.

**Ref: Section 4.4**

**Response by registered provider detailing the actions taken:**

### Recommendations

#### Recommendation 1

**Ref:** Standard 6.4

**Stated:** First time

**To be completed by:**  
31 March 2017

The registered persons should ensure that routines and systems within the home are flexible enough to accommodate patients' choices and where choices cannot be accommodated; these are explained to and understood by the patient.

**Ref: Section 4.5**

**Response by registered provider detailing the actions taken:**

#### Recommendation 2

**Ref:** Standard 46.11

**Stated:** First time

**To be completed by:**  
31 March 2017

The registered persons should ensure high standards of hand hygiene are promoted among patients, staff and visitors.

When assisting patients with their meals, staff should wash their hands between patients.

**Ref: Section 4.5**

**Response by registered provider detailing the actions taken:**

#### Recommendation 3

**Ref:** Standard 4

**Stated:** First time

**To be completed by:**  
31 March 2017

The registered persons should ensure that risk assessments and care plans are kept under review and updated in response to the changing needs of patients.

**Ref: Section 4.4**

**Response by registered provider detailing the actions taken:**

<b>Recommendation 4</b> <b>Ref:</b> Standard 41.1 <b>Stated:</b> Second time <b>To be completed by:</b> 31 March 2017	The registered persons should ensure a review of staffing levels and the deployment of staff has been conducted so that the assessed needs of patients have been met in a timely manner.  <b>Ref: Section 4.2</b>
	<b>Response by registered provider detailing the actions taken:</b>



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